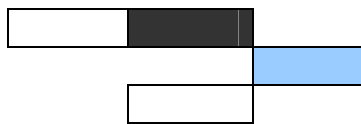
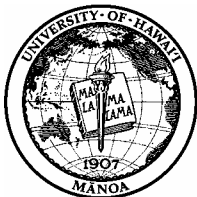


ending violence

A 2004 Status Report on Violence Prevention in Hawai'i



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Work on this project got underway with Prevent Violence Hawaii volunteer committee members in 2003. Later that year, the Department of Health's (DOH) Injury Prevention and Control Program contracted with the University of Hawai'i Social Science Research Institute for production of this report.

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DISCLAIMER

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Executive Summary

Purpose and Background

Ending Violence: A 2004 Status Report on Violence Prevention in Hawai'i is intended to serve as a foundation for building and strengthening efforts in violence prevention, using the framework of the World Health Organization's *World Report on Violence and Health* (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). This report lays the building blocks for a "call to action" for organizations currently working to prevent violence and an invitation to other groups and individuals to join in this effort to create a more peaceful community. The information and ideas in this report should be shared and discussed widely with the ultimate goal of developing a statewide action plan to prevent violence.

The report began as an objective of the 5-Year Action Plan of the non-profit, organization, Prevent Violence Hawaii, formerly the Violence Prevention Consortium. The work of those volunteers--supporters of a "unified approach" to violence prevention--was eventually contracted to the Social Science Research Institute at the University of Hawai'i for completion.

The *World Report on Violence and Health* and its supplemental materials were chosen because they represent a thorough and comprehensive philosophy and approach on how to best tackle the problem of violence both globally and locally (Krug et al., 2002). Since the World report was published, a Global Campaign has been unveiled, with even greater direction on how nations, states, and local jurisdictions can use the concepts and approaches for their own efforts.

The World report is based on the premise that violence is not inevitable and that people can solve the problem of violence with coordinated, comprehensive, multi-faceted approaches. It emphasizes the use of a public health approach and declares that in isolation no one organization, no one approach, and no one setting for intervention will end violence. One of its planning tools--the ecological model--states that at all levels (individual, relationship, community and societal) there are opportunities for prevention and intervention. Like the World report, this *Ending Violence* report affirms that working together, using the best approaches, is the only effective way to address and reduce violence in Hawai'i.

This report demonstrates the relevance of WHO recommendations to the Hawai'i context. The recommendations address enhancing data; use of research; primary prevention programs; responses for victims; integrating prevention into social and educational policies; information-sharing and collaboration; and, development of a statewide action plan. Examples are given to illustrate Hawai'i's current status and then "next steps" are suggested. It is hoped that these recommendations will stimulate discussions followed by community action. While suggestions are provided in this report, readers may identify additional opportunities for action. All Hawai'i citizens have a role to play in the prevention of violence and are invited to join with Prevent Violence Hawaii and others as part of a coordinated, statewide approach to violence prevention.

Findings

Statistics on the prevalence of violence--called Status Indicators--were selected based on criteria such as reliability, measurement of prevention, consistent collection and national comparisons. The twelve status indicator charts and text clearly show that Hawai'i has low rates of reported violence. Most of Hawai'i's violence is in the area of interpersonal violence (intimate partner, child abuse and neglect, elder, disabled, youth-on-youth), yet suicide (self-directed violence) is the leading cause of injury death in Hawai'i. Compared to the nation, for the indicators used, Hawai'i has lower rates of violence in all areas except suicide attempts by youth and reports of youth feeling unsafe to go to school. These two findings call for specific interventions.

The status of policies and programs in Hawai'i which apply to the seven recommendations from the World report were collected by review of documents, phone and in-person interviews, and discussions with an Advisory Group. This was not a universal sampling of activities in Hawai'i to prevent violence nor were credible evaluations found on most of these current efforts, therefore, limitations on these findings on strategies and programs are noted.

The seven recommendations from the World report chosen as the bases of Hawai'i's *Ending Violence* report are:

1. Enhance capacity for collecting data on violence

Hawai'i has some reliable and useful data for planning, policy development, decision-making, and action planning. However, it has serious shortcomings, in particular with data on child abuse and neg-

lect and intimate partner violence. Data on the prevalence of violence against elderly, disabled, gay, lesbian and transgendered, and the homeless are also lacking. "Enhancing capacity" means to improve the accuracy and completeness of the data and make it useful for practical purposes. The quality and reliability of Hawai'i's data currently make this difficult although improvements in data collection and analysis are underway.

2. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence

Hawai'i has a shortage of locally-based research on violence, especially in the relationship of violence to culture, ethnicity, geographical area, and risk and protective factors. Current research covers a wide range of topics but generally the connections aren't made between related topic areas nor has there been much practical application of research topics. Research should be conducted through the university in fields of education, medicine, and social sciences and with government and private research offices. The research needs more in-depth analysis, especially with respect to risk and protective factors, and in exploring the relationship between the types of violence. Organizations responsible for research need to communicate with each other and agree on priorities that will impact on violence prevention. More replication of nationally recognized "best practices" adapted for Hawai'i is recommended, along with evaluation of locally developed programs.

3. Promote primary prevention responses

Hawai'i has many primary prevention efforts, the majority focused on interpersonal violence and for the most part working at the individual or relationship levels of the ecological model (not the community or societal levels). Although no complete inventory exists, interviews indicate that many programs offer services to people after they are already involved in violence—called secondary prevention, instead of before it occurs—primary prevention. Violence overlaps with other risk behaviors such as substance abuse and strategies/ programs may address multiple problems. However, it's clear that prevention is still separated into "silos," not benefiting from the knowledge and experience of other types of prevention work. Too few of the prevention programs and strategies originating in Hawai'i have been evaluated. Under-funding and competition for funding, including resistance to leveraging resources, complicates the prevention system. Training, assessment, evaluation, funding, and protection for vulnerable populations for primary prevention are highlighted as areas needing positive action.

4. Strengthen responses for victims of violence

Hawai'i has legal, health, and social services responses for victims of violence with a greater focus on support for victims rather than how to prevent the recurrence of violence. All vulnerable populations (children, elderly, people with disabilities) are not equally served. Advocacy groups should monitor and hold accountable implementation measures and funding that address victimization (especially for vulnerable groups like abused children). Ensuring quality responses for victims

requires that highly trained and experienced personnel be available to them. The impact of violence and a reduction in the resulting costs (financial and quality of life) require an integrated approach in this small, close-knit state. To reduce violence and its resulting costs will require that services between sectors are better-linked and connected to prevention efforts.

5. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality.

Hawai'i has many examples of how social and educational policies are integrated including criminal laws, public school policies, and community-level approaches. Organizations and advocates work to ensure measures suggested by the World report, such as legal reforms, public awareness campaigns, and training for police and public employees. In Hawai'i, examples include violence against women programming, bullying prevention in schools, and protection against harassment or police brutality. Certain geographic areas may not be well served and the wider community may not be aware of policies in place to ensure proper treatment and protection under the law. The responsibility for ensuring that policies and practices do not exclude any group or individual in the community requires the active participation and continuous vigilance of all of Hawai'i's people.

6. Increase collaboration and exchange of information on violence prevention

Hawai'i has a few examples of collaboration although inadequate information sharing and collaboration are the norm. In the absence of infor-

mation sharing, duplications of effort and missed opportunities prevail. Although Hawai'i is seen as being small and close-knit, the geographic separation of its islands makes collaboration more difficult. All types of organizations, whether they address only one type of violence or many, may participate in larger coalitions to ensure collaboration, information sharing and advocacy, and to meet broader, community-wide goals. The different types of violence share common risk factors and prevention strategies so collaboration would serve to only strengthen Hawai'i's ability to prevent violence. In particular, schools, public health agencies, social services, law enforcement, youth programs, faith-based organizations, businesses and policy makers at all levels must get involved to maximize the benefits of exchanging information and collaborating. Loosening restrictions on information sharing, overcoming turf issues, and training on how to do effective collaboration are recommended.

7. Create, implement and monitor a state action plan for violence prevention.

Hawai'i does not have a statewide action plan although some single-issue strategic plans have been adopted. Various planning processes have occurred and actual plans are underway while others have failed to be implemented. Government agencies and some private organizations have overlapping responsibilities and similar goals yet there is little coordination between them. Key stakeholders lack familiarity about the interrelatedness of their work. Government alone cannot be expected to solve violence—it will require highly committed public-private partnerships. To accomplish this, partners must work across multiple levels and sectors and change systems. This report recommends one state action plan for violence prevention with the understanding that organizations can chart their own courses but coalesce for certain unified tasks such as broad-based education,

advocacy, and policy development. The six previous recommendations for information sharing and collaboration, data collection and research, strengthening responses, integrating policies and developing effective programming are all ingredients for a statewide action plan for violence prevention.

The authors of this report struggled to find remarkable news (“golden nuggets” or “red flags”) about where Hawai'i stands with violence prevention. Instead, the findings are what's commonly known but less frequently acted upon:

- need for “good” data on the prevalence of violence;
- need for data to be studied and used for successful prevention;
- need for a variety of prevention programs and strategies that are adapted for Hawai'i and evaluated;
- information sharing and collaboration so self interests and narrow scopes or “silos” are left behind; and,
- a strong commitment to a unified approach using the public health model.

Hawai'i's citizens can take pride in the noticeably lower rates of violence in Hawai'i but must accept some responsibility for those who are still being affected by violence everyday. In particular, an urgent reminder is directed at government and private agencies working on violence prevention that the duplication of efforts, confusion over roles, and shortsightedness will obstruct the goal for a violence-free Hawai'i. Individuals and groups must take a close look at themselves—how can they act differently to promote a peaceful community? Hawai'i must decrease the tolerance for violence and change norms that make it acceptable. This report presents opportunities for action and joining with others in Hawai'i as part of the global campaign to prevent violence.

Introduction

The purpose of this report, *Ending Violence: A 2004 Status Report on Violence Prevention in Hawai'i*, is to describe the scope of violence in the state of Hawai'i, to identify current prevention efforts, and to suggest steps that may lead to further progress in violence prevention. Hawai'i has relatively low rates of most types of violence but the reasons for that are not well-understood. Learning more about the factors which produce these low rates of violence may help us achieve even lower rates. The impetus for this report comes from the group Prevent Violence Hawaii, a consortium of individuals from organizations and agencies dedicated to preventing violence. This report is intended to motivate you, the reader, to use your resources, expertise, and influence to help achieve this goal.

Definition and Typology of Violence

The definition of violence used by the World Health Organization (WHO) incorporates the various types of violence, a summary of its victims and a general overview of its damaging effects:

"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Krug et al., 2002:5)

This is a very complex definition, so the WHO designed a typology of violence to help unravel its complexity and scope. The WHO divides violence into three broad categories: **self-directed violence**, which includes suicidal behavior and self abuse; **interpersonal violence**, which is committed by a family member, a partner or stranger against another person(s); and, **collective violence** which is generally social, political, or economic in nature. Since both self-directed and interpersonal violence are prevalent in Hawai'i, they will be discussed throughout this report. However, collective violence is not as prevalent in Hawai'i and thus will not be discussed further.

Self-directed violence (i.e. suicide) is of major importance to Hawai'i since suicide is the *leading cause of injury death* to state residents.¹ On the other hand, interpersonal violence is the *most common form of violence* in Hawai'i and is thus the main focus of this report.² Interpersonal violence includes child abuse and neglect, youth and gang violence, intimate partner violence, elder abuse, abuse of persons with disabilities, and workplace violence. Most violence prevention efforts in Hawai'i are currently directed towards interpersonal violence.

Understanding Violence and its Prevention

Violence is an incredibly complex issue that is influenced by many factors, including individual, family, social, economic, and community factors. Risk factors are characteristics that increase the likelihood

¹ An average of 127 Hawai'i residents each year (1998-2002) committed suicide, with no apparent trend over time. (Source: Suicide Fact Sheet prepared by Department of Health, Injury Prevention and Control Program, 2004).

² 3.1% of adults surveyed said they experienced ""being pushed, slapped, hit, punched, shaken, kicked. . ." in the previous year and 26% of high school students reported similar types of violence in their lives. (Source: 2000 Hawai'i Health Survey and 2001 Youth Risk Behavior Survey results from Violence and Abuse Fact Sheet prepared by Department of Health, Injury Prevention and Control Program, 2004).

that one will experience violence. According to the World Health Organization, interpersonal violence has the following risk factors (Krug et al., 2002):

- **Individual-level** risk factors include biological and personal history factors, such as alcohol/substance abuse or a history of child abuse.
- **Relationship-level** risk factors focus on how one's relationships affect the level of violence experienced, and include such things as marital discord and parental conflict.
- **Community-level** risk factors highlight characteristics of one's community or neighborhood that increase one's experience of violence, and include such things as high crime levels in the community of residence and low access to medical care.
- **Societal-level** risk factors are those that encourage or inhibit violence through cultural and social norms, and include poverty and gender inequalities (Krug et al., 2002).

Efforts to prevent violence must be multi-faceted and involve many sectors of society in order to be effective. Strategies that focus on individual-level factors alone, for instance, will not be as effective as those that focus on individual, relationship, community and societal factors altogether.

The field of public health offers a useful framework for violence prevention. There are three hallmark characteristics of public health that lend themselves to an understanding of violence prevention. They are:

1. An emphasis on *primary prevention*, or the prevention of a problem before it starts.
2. An emphasis on making science and research the basis for new program and policies—ensuring that programs are *evidence-based*.

3. An emphasis on *collaboration* between diverse organizations and disciplines to ensure a broad, holistic approach to prevention (Powell, Dahlbert, Friday, Mercy, Thornton, Crawford, 1996:7).

In short, the public health perspective purports that violence, as is the case with many health conditions, can be prevented by first understanding the risk factors, then developing interventions that address these many factors, all the while working with a broad group of community members to foster change from the individual to the societal level.

Defining Prevention

For the purposes of this report, primary violence prevention is defined as:

“broad-based efforts that affect conditions, norms and values related to violence so as to prevent violence from occurring. These efforts should reduce risk factors and/or enhance protective factors associated with violent behavior” (Illinois Violence Prevention Authority, 2003).

The work of prevention can be done with the general population or with groups who have already experienced or are at higher risk for violence (the homeless, gay teens, persons with disabilities, for instance).

Hawai‘i in the Global Context of Violence Prevention

In 2002 the United Nations World Health Organization (WHO) released its *World Report on Violence and Health* describing the prevalence of violence around the world and presenting recommendations for what can be done to stop it (Krug

et al., 2002). The WHO takes a public health approach to violence prevention, calling for more data on the problem of violence and its risk factors, more multi-disciplinary work to prevent violence, and a greater emphasis on primary prevention. One of the report's strongest points is that violence is not inevitable. *Ending Violence: A 2004 Status Report on Violence Prevention in Hawai'i* follows on the heels of this *World Report on Violence and Health* and the launching of the Global Campaign for Violence Prevention³ (Krug, et al., 2002).

The World report presents nine general recommendations for establishing a successful violence prevention program. The recommendations are:

- Create, implement, and monitor a national action plan for violence prevention.
- Enhance capacity for collecting data on violence.
- Define priorities for, and support research on, the causes, consequences, costs and prevention of violence.
- Promote primary prevention responses.
- Strengthen responses for victims of violence.
- Integrate violence prevention into social and educational policies, and thereby promote gender and social equality.
- Increase collaboration and exchange of information on violence prevention.
- Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights.
- Seek practical, internationally agreed responses to the global drug trade and the global arms trade.

The first seven recommendations will be discussed in this report. The last two are irrelevant for Hawai'i since they address international issues. In this report, the most profound recommendation--to create a *statewide action plan*--has been moved from the first to the seventh recommendation.

³ Global Campaign for Violence Prevention. World Health Organization.
http://www.who.int/violence_injury_prevention/violence/global_campaign/campaign/en

Status Indicators

How Prevalent is Violence in Hawai‘i?

Purpose and Definition

The status indicators included in this report provide an initial foundation that can be expanded upon or modified in future reports. They are not intended to provide a complete or comprehensive portrait of violence in Hawai‘i, but a starting point for further study, discussion, and analysis.

A status indicator is a quantitative measure of a specific issue, gleaned from data generally collected by government agencies through use of intake forms, reported incidents, and surveys. These data are often presented in charts and tables, in data books, and on web sites.

Limitations with the Data

Whenever possible, the indicator charts show national comparisons.⁴ If there are no data for national comparisons, then only trend data for Hawai‘i are shown. When neither was available, but the indicator was considered too important to exclude, the finding is simply stated in text.

Admittedly, this method has limitations and drawbacks. However, it sets the stage for the future use of status indicators. It is hoped that other indicators can be added over time, such as credible child abuse and neglect and intimate partner violence statistics, both missing from this report.

Despite these limitations on the data, professionals in the field of violence prevention have made great strides in developing more science-based

approaches to understanding what works and doesn't work and encouraging government and non-governmental agencies to use effective principles and strategies. The Internet has advanced dissemination of statistical data and directions for use of proven or promising strategies. Data are more available than ever before for purposes such as needs assessments or to substantiate the case for program funding. Agency personnel can benefit from training on how to properly interpret and use data for planning and programming. Efforts are underway to link data gathered by different agencies across the fields of health, human services, criminal justice, and education. This will advance analyses of how issues such as violence and mental health are inter-related. Researchers will be able to pull together more complete pictures of who is most at risk for violence and establish the best setting and timing for prevention or intervention. Still, for now, the quality and reliability of the data remain uneven and questionable, particularly for child abuse and neglect and intimate partner violence.⁵

A full discussion documenting the quality and type of data in the areas of child abuse and neglect, violence against women, workplace violence, elder abuse, abuse of people with disabilities, and hate crimes can be found in Appendix B.

Findings

The data show that Hawai‘i has relatively low rates of violence compared to the nation as a whole except in the area of youth self-reports of suicide

⁴ The Advisory Group was hesitant about comparing Hawai‘i with the nation, noting the many differences in geography, ethnicities and cultures. In the end, it was decided to use national comparisons, when available, similar to initiatives like the standards for health and well-being, Healthy People 2010.

⁵ Data Documentation Notes on the limitations to certain data are in Appendix B.

attempts and youth self-reports on fear of going to school. Data for over ten years show that Hawai'i homicide deaths are less than half that for the rest of the U.S. while suicide death rates are similar to the rest of the U.S. Reports for rates of forcible rapes were higher than the national rate in 2001 and slightly lower in 2002. However, due to small numbers of violent acts or data for only one year for intimate partner violence and adult suicide ideation indicators, caution should be used when interpreting these findings.

One final but important note for future consideration is that when violence prevention initiatives begin to take effect, initially the improvements in data collection and reporting may make violence appear greater. Therefore, with this report as a baseline, future reports could reveal spikes in the numbers and rates of certain types of reported violence due to increased efforts to better monitor and respond to violence.

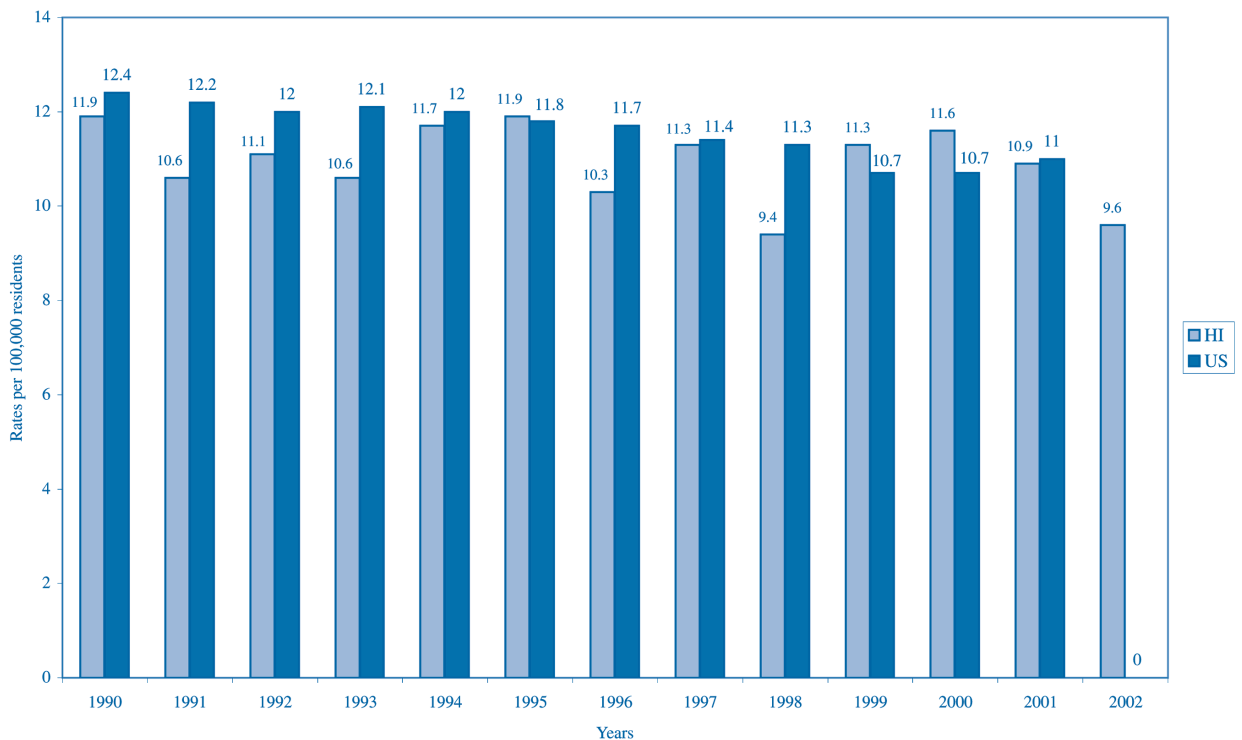
The following 12 status indicators are presented in bar graphs preceded by brief summaries. As stated previously, they are self-directed and interpersonal violence data from official sources that regularly collect these important data. When trend data are not available, only a brief summary is provided.

Self-Directed Violence

Suicides

In Hawai'i, nearly 10 suicides for every 100,000 residents occurred in 2002. While US rates for suicide deaths were higher than Hawai'i's rate in the early 90's, in three of the past four years, Hawai'i's has been equal or greater. There was no significant trend in the rate of suicides in Hawai'i over the past 12 years. The Healthy People 2010 objective is to reduce suicides to 5 per 100,000 residents.

Suicide Rates in Hawaii and US, 1990-2002



Sources: State of Hawai'i. Department of Health from Hawai'i death certificates and from the Centers for Disease Control and Prevention website: <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html> for U.S. data. Data for U.S. rates in 2002 is not available at this time.

Adults Self Reporting Attempted Suicide

To the question, "During the past 12 months, did you ever seriously consider attempting suicide?", 1.7% of adults in a statewide random telephone survey answered "yes." Of those who considered, 53.1% said they made a plan and if they had made a plan, 18.1% reported having attempted suicide. This suicide ideation study estimates that 0.3% of the adult population in Hawai'i (age 18 and older) actually attempted suicide one or more times. This Hawai'i Health Survey question was asked in 2001 only.

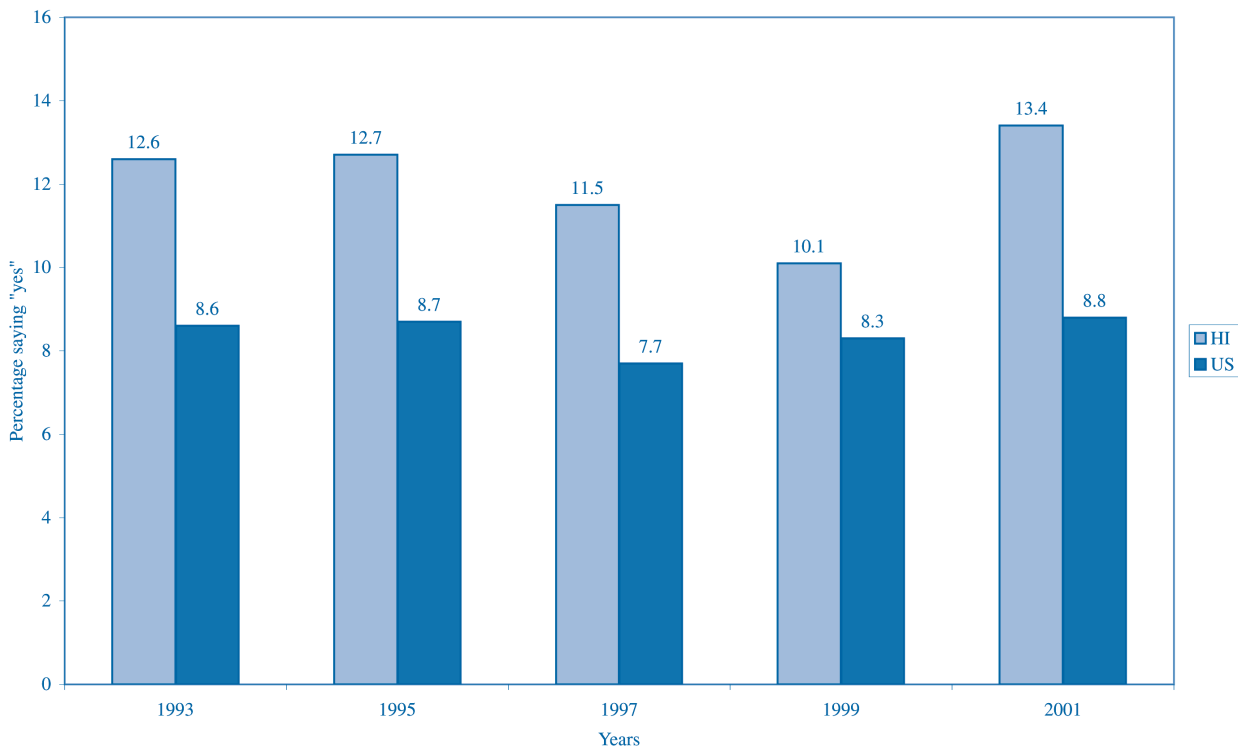
Source: State Hawai'i Department of Health, Adult Mental Health Division. Considered, Made a Plan, and Attempted Suicide: Baseline Estimates Adult Population of Hawai'i, Hawai'i Health Survey 2001. SMS Research and Marketing Services, Inc. Honolulu, Hawai'i. February 2003.

Youth Self Reporting Attempted Suicide⁶

Hawai'i's rate was higher than the U.S. in all years, with 13.4% of high school youth in 2001 reporting they had attempted suicide in the past 12 months.

Source: U.S. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System.

Youth Self Report - Attempted Suicide in Past 12 Months



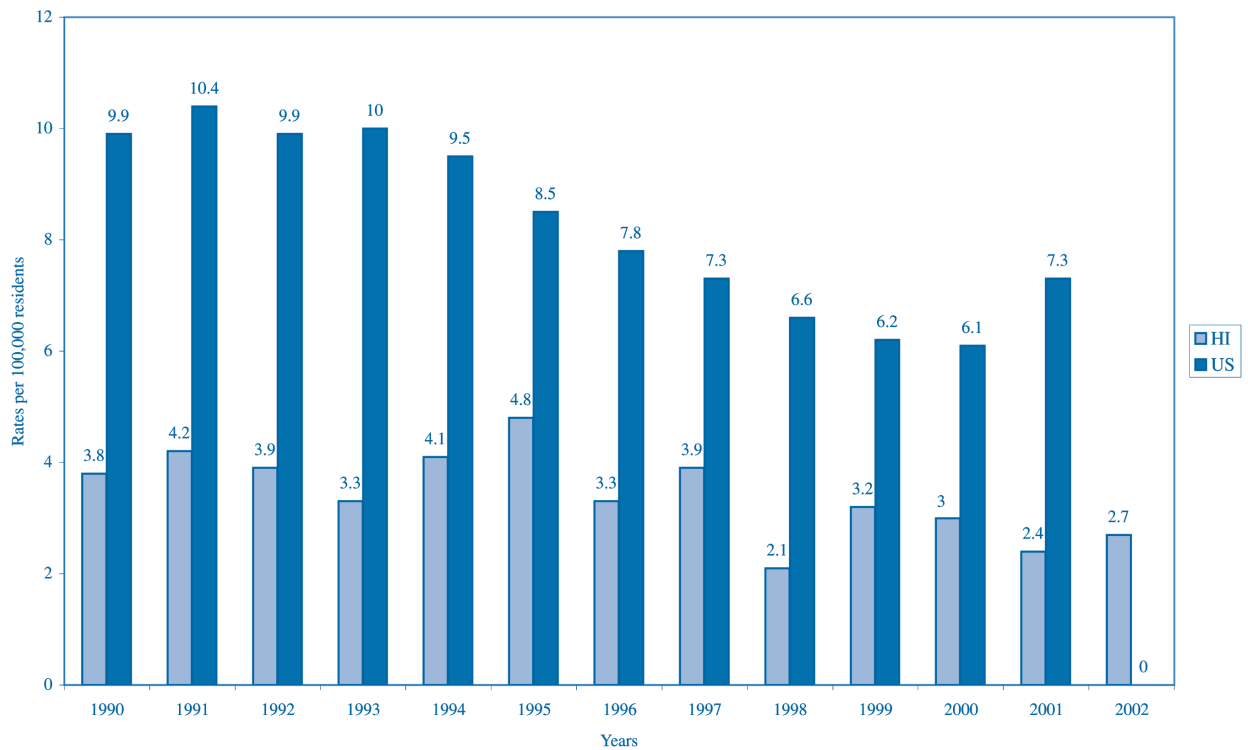
⁶ The YRBSS includes nation, state, and local school based surveys of representative samples of 9th through 12th grade students. These surveys are conducted every two years by Hawai'i's Department of Education and Department of Health. The Hawai'i 2001 data are unweighted due to an unacceptably low response rate that year.

Interpersonal Violence

Homicide

Hawai'i consistently has much lower rates of homicide than the U.S. --less than half that for the rest of the U.S. Since 1990, Hawai'i has experienced significant decreases in homicide deaths.

Homicide Rates for Hawaii and US, 1990-2002

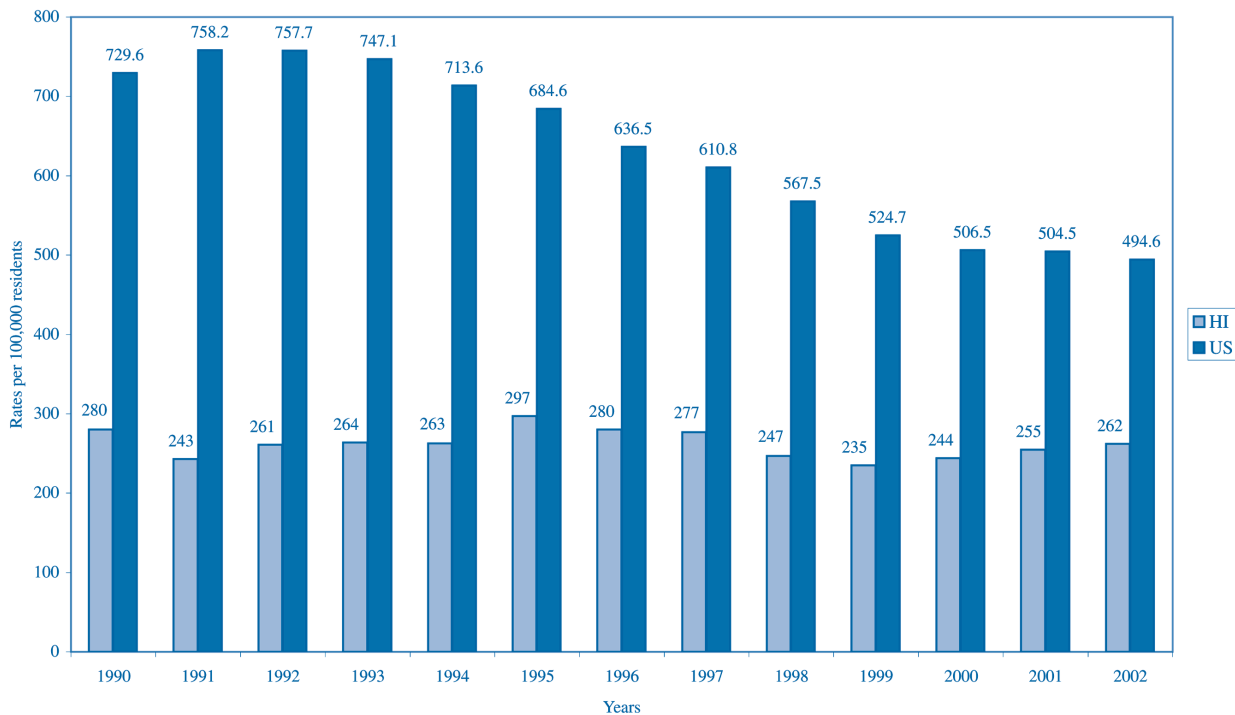


Sources: State of Hawai'i. Department of Health from Hawai'i and the Centers for Disease Control and Prevention website: <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>. for U.S. data. Data for 2002 are not available at this time.

Reported Violent Crime ⁷

Hawai'i's reported violence crime rate is much lower than the U.S. rate. While the U.S. rates have declined noticeably since 1992, Hawai'i's has fluctuated only slightly, down from 1995.

Reported Violent Crime in Hawaii and US, 1990-2002
Violent crime index includes murder, forcible rape, robbery and aggravated assault



Sources: Uniform Crime Reporting System, Department of the Attorney General, Crime Prevention and Justice Assistance Division and U.S. Federal Bureau of Investigation.

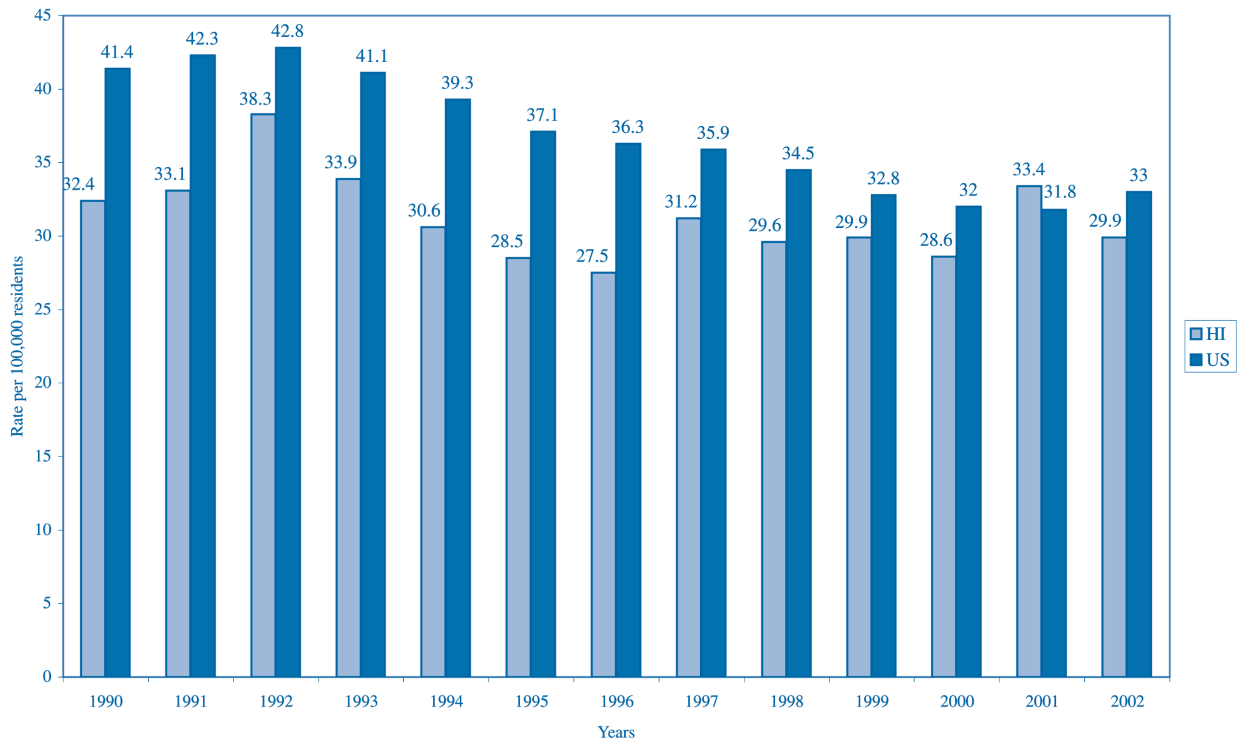
Reported Forcible Rapes

This was the only indicator deemed credible for sexual assault at this time although some individuals believe it excludes data on many forms of sexual assault which are not in this definition.⁸ The rate of forcible rapes in Hawai'i is less than for the U.S. with the exception of 2001 when it was slightly higher. Source: Uniform Crime Reporting System, Department of the Attorney General, Crime Prevention and Justice Assistance Division and Federal Bureau of Investigation.

⁷ It was decided to use "reported" rather than arrests rates because this captures more completely the actual incidents. Still, it's acknowledged that many crimes go unreported.

⁸ Definition in Uniform Crime Reporting System is carnal knowledge of a female (penis in vagina) forcibly and against her will. Assaults or attempts to commit rape by force or threat of force are also included. Statutory rape (without force), any sexual assaults against males, and other sex offenses are not included in this category. Forcible rape doesn't include any sexual assault except penetration of penis in vagina.

Reported Forcible Rapes Rates in Hawaii and US, 1990-2002



Sources: Uniform Crime Reporting System, Department of the Attorney General, Crime Prevention and Justice Assistance Division and Federal Bureau of Investigation.

Intimate Partner Violence

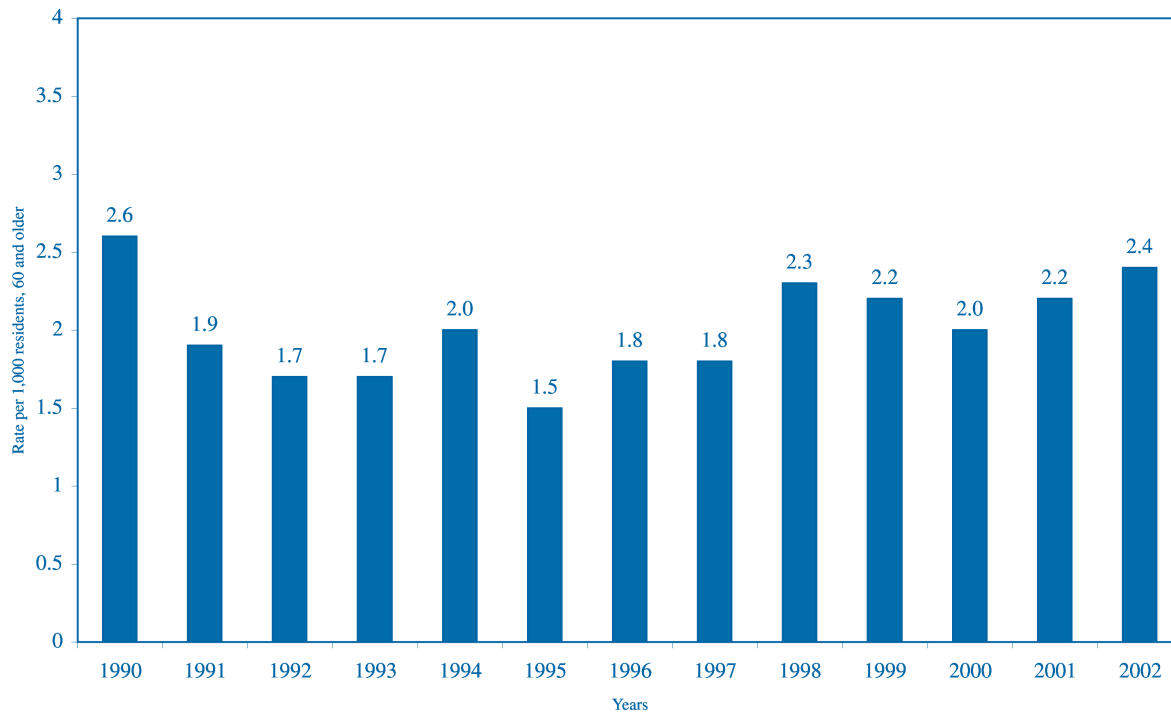
In 2002 in Hawai'i, the question, "In the past 12 months, have you been a victim of physical, sexual, or emotional abuse by an intimate partner," was asked and 2.1 % of those surveyed responded "yes." The most recent national survey, done in 1995-1996, resulted in a lower rate (Tinden, P. & Thoennes, N., 2000). In 2005, this question or others on this topic may be asked of Hawai'i residents in this survey. From there, self-reported intimate partner violence could then be regularly tracked.

Source: U.S. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey (BRFSS) 2002, a national telephone survey of an adult random sample.

Elder Abuse

The reported cases of elder abuse have fluctuated over the years with rates of two or more per 1,000 residents since 1998. Much like child abuse, more needs to be known about any changes in definitions or reporting procedures during this time to reach firm conclusions. No national comparisons are available.

Reports Investigated for Elder Abuse in Hawaii, 1990-2002

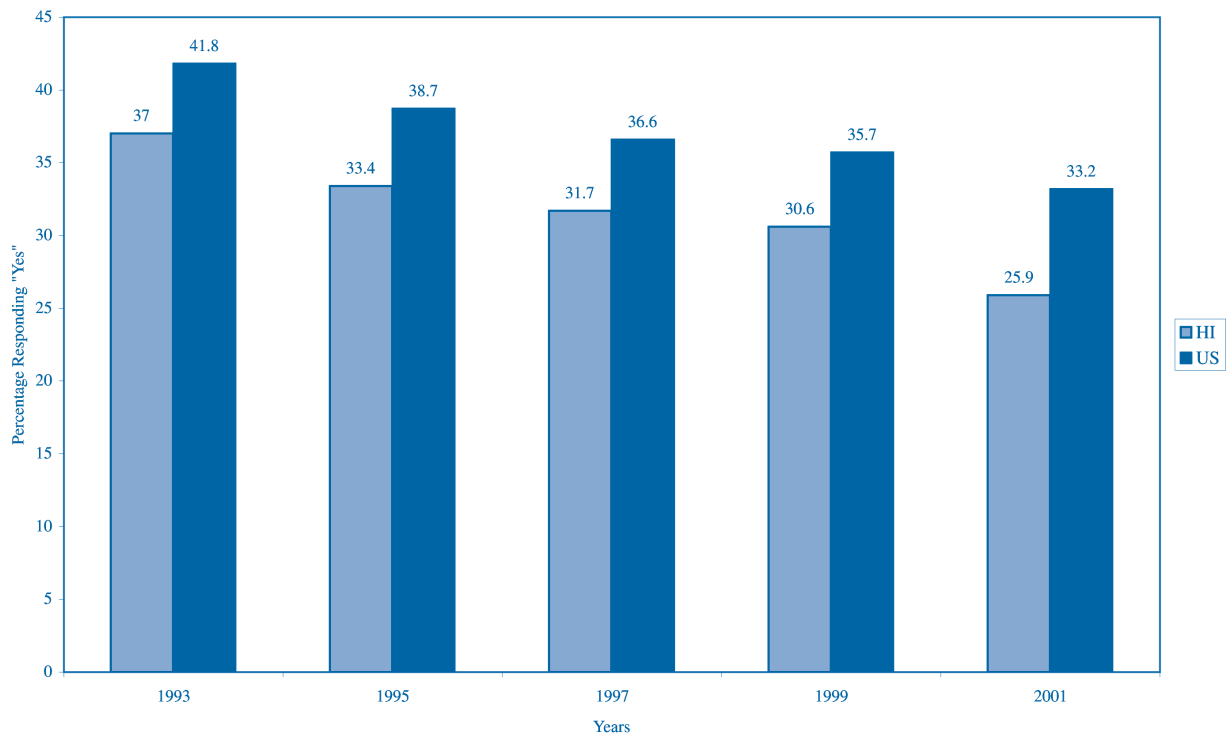


Sources: State of Hawai'i. Department of Human Services Annual Reports with data from Adult Protective Services. Rates computed using U.S. Census data for estimated resident population, age 60 years and over, from 1990-2002, as reported by the Department of Business and Economic Development and Tourism's Research and Statistics Branch.

Youth in Physical Fights⁹

Hawai'i youth reported less frequent physical fighting in the past 12 months than the U.S. average although both have declined over time. Nearly 26% of Hawai'i youth surveyed in 2001 said they have been in a physical fight in the past 12 months.

Youth Self Report - Been in Physical Fight in Past 12 Months



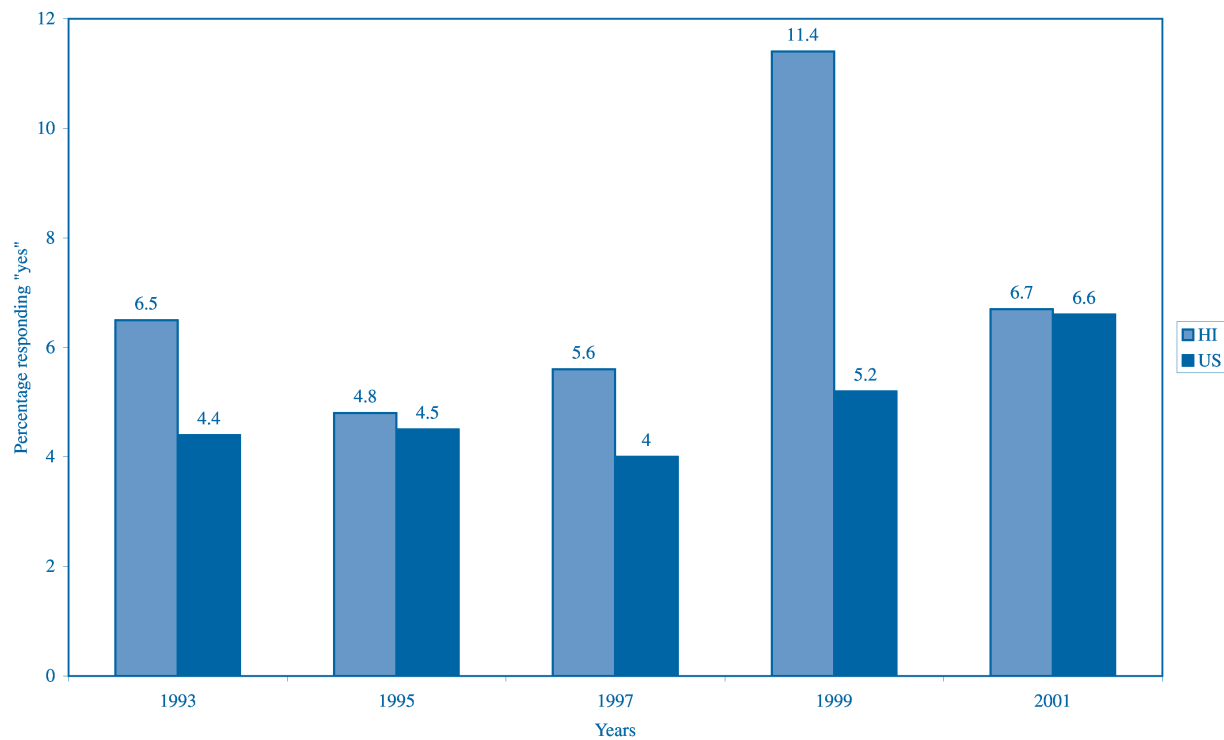
Source: U.S. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System

⁹ YRBSS data for Hawai'i in 2001 is unweighted due to an unacceptably low response rate that year.

Youth Felt Too Unsafe to Go to School¹⁰

Hawai'i students reported more fear than those for the U.S. as a whole, when asked if they feel safe going to school. The much larger rate for 1999 remains unexplained. In 2001, the Hawai'i and U.S. rates were comparable

Youth - Felt too Unsafe to go to School One or More Days in Past 30 Days



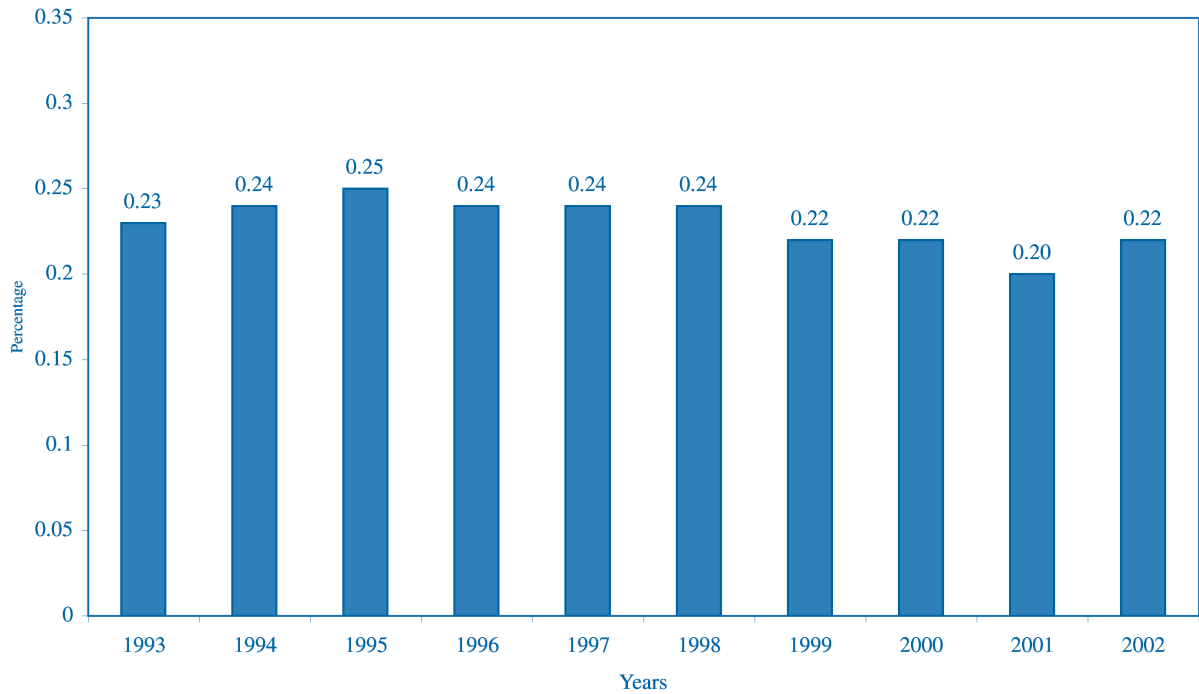
Source: U.S. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System

¹⁰ Ibid.

Workplace Violence

The percentage of workers in Hawai'i "covered by employment" who reported cases of workers' compensation due to assaults or violent acts varied only slightly over the decade at less than a quarter of one percent of the total reported cases. National comparisons are not available.

Percentage of Workers Covered by Workers' Compensation with Reported Cases of Assault and Violent Acts on the Job in Hawai'i, 1993-2002



Source: Employment and Payrolls in Hawai'i – Total Employment minus Federal.

Includes Event or Exposure codes 6000 (General category), 6100 Assaults and Violent Acts by Person(s), 6200 (Self-inflicted injury), 6300 (Assaults by Animals).

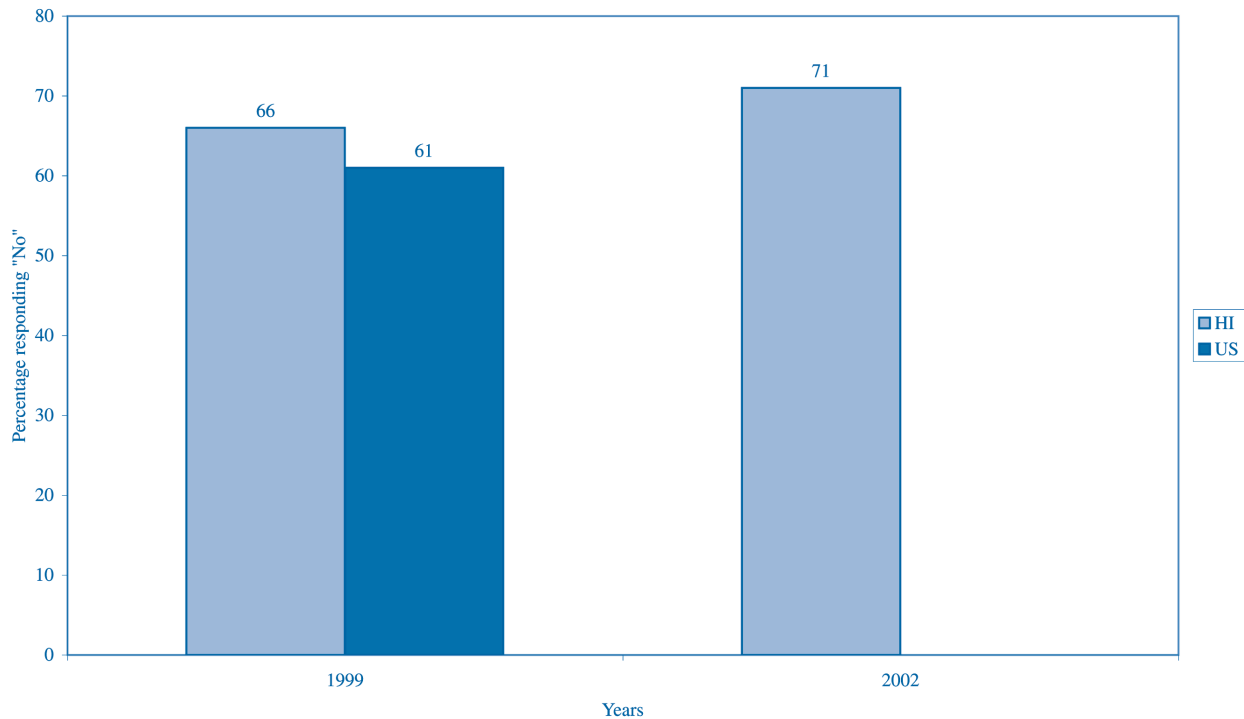
Covered employment means only those covered by workers compensation and does not include federal employees.

Adults Feel Safe in Neighborhood

In 1999, 66% of Hawai'i adults said "no" to the question, "Is there an area where you live that you are afraid to walk alone at night?" Hawai'i residents felt safer than adults in the U.S. as a whole. In 2002, adults in Hawai'i reported even less fear of walking alone in their neighborhood. No national data are available for 2002.

Adults - Feel Safe in Neighborhood

Question: "Is there an area where you live, that you are afraid to walk alone at night?"



Source: University of Hawai'i's Center on the Family website. Survey question asked by Market Trends' random telephone survey

Violence Prevention

Applying the World Health Organization Recommendations to Hawai'i

The World report concludes with nine general recommendations to “mobilize action in response to violence” and suggests that communities around the world implement these “with flexibility and with proper understanding of local conditions and capacities” (Krug et al., 2002:246).

Of the nine recommendations in the World report, seven apply to Hawai'i. The other two are international in scope and fit poorly in the Hawai'i context. In this report, some recommendations are covered more in depth than others. It should be emphasized that the recommendation (#7 in this report) which calls for a statewide action plan, if enacted, would itself lead to addressing all of the other recommendations: data collection, research and evaluation, prevention programs, victims' services, social and gender equality and collaboration and information sharing.

This section of the report reviews the situation in Hawai'i with respect to each of the seven WHO recommendations, setting the context for determining how Hawai'i measures up in its policies and strategies.¹¹ The questions the authors attempt to answer for each are: What is the scope of the recommendation? What is the status of this recommendation and examples for it in Hawai'i? What are the next steps needed to promote violence prevention in Hawai'i?¹² The authors highly encourage interested groups and individuals to raise questions of their own and discuss ideas with each other that may present even better opportunities for action.

Recommendation I

Enhance capacity for collecting data on violence

What it Covers

This recommendation points to the importance of establishing standards and procedures for collecting data. Credible and accurate data are necessary to identify the nature and extent of the problem, to set priorities and to guide program planning and implementation. “Enhancing capacity” means to improve the quality and completeness of the data so that its findings can be *applied* for planning, program or policy purposes. Groups and agencies across health, crime, justice, social services, and other sectors will have information they need to promote violence prevention.

Scope of Recommendation

To enhance capacity for collecting data, agencies with data collection and management capabilities should be familiar with each other and hold discussions on their potential to foster prevention through needs assessment, policy development, program planning, and evaluation.

Data that cover the scope, causes and consequences of violence are important in setting priorities, guiding program design, and monitoring the progress of a state action plan. Enhancing capacity could mean establishing a “warehouse” for collecting data from various agencies to allow studies on the characteristics of individuals or communities affected by violence or to study how effectively the

¹¹ In some cases the wording of the recommendations has been lightly altered to fit with the context of this report.

¹² Illustrations or examples of Hawai'i strategies or programs in this report do not indicate endorsement by the authors or confirm that an evaluation has been conducted. Similarly, violence prevention efforts not listed do not indicate lack of support for them. Prior to a more critical analysis of how well Hawai'i conforms to recommended strategies and programs, this status report intends to provide some basic foundation of what efforts currently exist.

social, justice and educational systems prevent violence. The search for appropriate status indicators for this report made it apparent that more work is needed to inventory the available, useful data.

Hawai'i Status and Examples

A wide range of violence-related data exists in Hawai'i and is described below. However, there are few systematic studies on violence in Hawai'i that link data from various sources.

The following is a listing of Hawai'i's activities for enhancing capacity for data collection. More specific details about the quality of the data and upcoming changes and improvements to it are described in Appendix C.

- Death certificate data, Supplemental Homicide Reports and autopsy records are being linked by Health Department personnel for more details on violent deaths (homicides and suicides) in the state. The department also has access to statewide hospitalization data. The hospitalization data are important because they have detailed, descriptive patient and injury information that helps to understand the nature of the injury resulting from violence.
- The Departments of Education and Health administer the Youth Risk Behavior System Survey every other year to collect information on risky behaviors Hawai'i teens engage in, including alcohol and drug use, suicidal behavior, physical fighting, etc. The Hawai'i Student Alcohol, Tobacco, and Other Drug Use Study, also administered by the Department of Health, assesses violent behavior and other risky behaviors and attitudes among Hawai'i teens.

- The Hawai'i Department of Health included the violence module of questions on intimate partner violence, in the Centers for Disease Control and Prevention's Behavioral Risk Factor System Survey in 2000 and intends to use this module again in 2005.
- The Hawai'i Child Death Review in the Department of Health's Maternal and Child Health Branch was established in 1997 to ensure a multi-agency review of information on deaths of children from newborn to 17 years old. The goals of this review process are to (1) document or collect data on child deaths; (2) identify trends and patterns related to specific behavior and risk factors; and (3) reduce preventable child deaths.

The Hawai'i Domestic Violence Fatality Review Team (DVFR) has been meeting since the summer of 2002. The Team which is composed of representatives from multiple government and private sector entities (Judiciary, AG, Health, Human Services, Prosecuting Attorney, County of Hawai'i, and the Domestic Violence Coalition) is in the formative stages of determining the most effective process for reviewing cases and deciding on the outcomes needed. The team is seriously looking at legislation that would give the authority for sharing data through multi-disciplinary and multi-agency reviews of deaths related to domestic violence. The law would parallel what is already in place for Child Death Review.

- The Department of Health has established the Health Information Coordination Special Project (Hawai'i Informatics) team to contribute to the improvement of public health performance through the effective manage-

ment of health data. The near term focus of Hawai'i Informatics at DOH has been on improving the efficiency and effectiveness of traditional public health practice through the development of the Toward a Healthy Hawai'i 2010 public web site and Hawai'i Data Warehouse.¹³ The Warehouse extracts and transforms health data into compatible formats in a common database for reporting, query, and interchange. Registered owners can go to this single source for state access with a common query and analysis toolset. In the long term, DOH will strive to integrate data systems that bridge programmatic boundaries and consolidate the current patchwork of non-integrated surveillance and data systems. The Warehouse functions to aggregate data commonly available and to remove barriers to access.

- Toward a Healthy Hawai'i 2010 web site disseminates community health profile information based on 110 health indicators. They include intentional injury indicators such as suicide deaths and confirmed cases of child abuse and neglect. The national Healthy People 2010 has 14 indicators related to violent and abusive behaviors and establishes the target for the objective. Currently, the DOH Maternal and Child Health Branch (MCHB) uses the national objectives and targets for its Title V grant and the Injury Prevention and Control Program (IPCP) uses them in the State Injury Prevention Plan.
- The Department of Education (DOE) provides public information on the results of students, teachers and parents surveys about perceived student safety and well-being in the School Quality Survey which are available by school in the School Status Improvement Reports (see

Appendix E for web sites). The Department's internal on line system to collect, analyze, and monitor discipline and individual behaviors is the Safe School Information System (SSIS) which increases capacity of school decision-making for school-wide discipline.

- Law enforcement and the justice system conduct systematic data collection and dedicate significant resources to analysis and reporting. However, crime statistics are subject to limitations related to validity and reliability and caution is advised in their use. Uniform Crime Reports statistics¹⁴ submitted by county police departments, are available through the Department of the Attorney General's *Crime in Hawai'i* annual report. In recent years the Crime Victimization Survey was discontinued, leaving a gap for self-reported crime by adults, although its limitations were also acknowledged.

Next Steps

- Agencies responsible for data collection should become familiar with the contents and capabilities of other sources. This may require face-to-face discussions such as researchers' roundtables held by the Attorney General's Crime Prevention and Justice Assistance Division (State of Hawai'i, Department of the Attorney General, 2002). The Task Force formed by the 2003 State Legislature's Standing Committee Report 13 (SCR 13) is another example of attempts to discuss data needs and improvements, in this case regarding child abuse and neglect. With attempts such as these and others across disciplines or sectors, duplication of data collection should be minimized and procedures streamlined.

¹³ <http://www.healthyhawaii2010.org>

¹⁴ Established by the International Association of Chiefs of Police (IACP) in 1930 to meet a recognized need for a nationwide system to collect crime statistics. It provides a standard definition for each offense. Agencies submit data in accordance with these definitions rather than local statutes. This standardization allows for inter-jurisdictional comparisons and internal validity of national totals. (Source: *Crime in Hawai'i*, 2002. State of Hawai'i, Department of the Attorney General. 2003a)

- A commitment to providing resources to enhance the capacity of data and improve the quality should come from both the public and private sectors. Public health agencies have the greatest expertise in this area and should take the lead while ensuring collaboration with other institutions. Interested parties should be able to learn about available statistics and data sources and how they can be accessed and used. A few recommended data sources are provided in Appendix E. Organizations such as Prevent Violence Hawaii can provide links on their web sites to these data sources, thereby helping individuals find reliable data they can use for tasks such as writing grant proposals or testimony to legislative bodies. When organizations become more familiar with existing data, they can also learn how to use it for developing effective policies.
- Interested groups like Prevent Violence Hawaii could set their own targets for the violence-related objectives and strive to achieve them as a means towards focusing efforts and achieving outcomes.
- The state government should consider establishing procedures to share data among the relevant authorities (such as those responsible for health, criminal justice and social policy) and interested parties. This sharing of data could make it possible to study and analyze the findings so that comparisons and contrasts are better understood for individuals affected by violence and for agencies that come into contact with them.
- When necessary, as is the case for child abuse and neglect statistics, the state agencies responsible for the data should follow national stan-

dards for collection and reporting.¹⁵ As described previously, many difficulties persist in the use of status indicators for violence in the areas of workplace, intimate partner, elderly and persons with disabilities. As groups and decision-makers continue to request higher quality data for use in planning and policy, improvements should be forthcoming.

Recommendation 2

Define priorities for, and support research on, the causes, consequences, costs and prevention of violence

What it Covers

Although progress has been made in understanding the phenomenon of violence, important gaps exist in the information base. Further research is needed to identify “risk factors” that contribute to violent responses – including relevant interactions between individual, relationship, social, cultural, and environmental factors. Similarly, research is needed to identify factors that *decrease* the risk of violence, often referred to as “protective factors.”

The public health approach to any problem is fundamentally interdisciplinary. Thus violence prevention research should involve all relevant partners and stakeholders such as government agencies, non-profit organizations, universities, law enforcement agencies, medical professionals, and community members. An integrated agenda for violence prevention would entail the development of shared research priorities and “cross-issue learning” by those working in criminology, medicine, science, social work, and gender studies.

¹⁵ Hawaii is to begin adherence to national standards in 2005.

In addition to understanding the patterns and causes of violence, research is needed to identify effective prevention strategies. Researchers need to partner with practitioners to ensure that violence prevention efforts are rigorously evaluated. Successful strategies should be documented and tested to ensure their relevance with different population groups in various cultural contexts.

In order to communicate the urgency of prevention efforts, more research needs to be done to estimate the cost of violence to society. Violence not only exacts a human toll but also burdens state and national economies. When cost-benefit analyses demonstrate the cost-effectiveness of prevention programs and policies, it is much easier to garner support from diverse stakeholders.

Internationally, nationally, and locally, promising prevention efforts have been identified, but few have been evaluated. Additional research will increase the understanding of violence among different population groups and in various settings.

One priority for such research is to gain a better understanding of the problem in different cultural contexts so that appropriate responses can be developed and evaluated. Not enough research has been done about risk factors that are shared across different settings, and even less has been done on the potentially highly rewarding area of protective factors. Current research attempting to match an individual or group's risk level and the "dosage" of prevention is far from a pure science.

Interested agencies and individuals can make use of promising research on causes, consequences, and costs of violence prevention available through national organizations such as the Centers for Disease Control and Prevention, the Center for

the Study and the Prevention of Violence and the Office of Juvenile Justice and Delinquency Prevention (Ballard, Elliot, Fagan, Irwin, Mihalic, 2004a). However Hawai'i needs its own research agenda, tailored to what will benefit Hawai'i's unique population.

Hawai'i played a historical role in early assessment of the role of prevention. The island of Kauai was home to a famous longitudinal study on risk and resiliency of youths growing into adulthood (Werner, Bierman & French, 1971; Werner & Smith, 1977). Violence-related risk and protective factors were included in this study. Emmy Werner, a child psychologist and professor at the University of California-Davis, and Ruth Smith, a clinical psychologist on Kauai, studied a cohort of 700 Kauai children from 1955-1995. Their findings, disseminated nationally, supported the notion that protective factors, such as having a caring adult who provides encouragement, influence children who grow up under adverse conditions even more than specific risk factors or stressful life events.

Hawai'i Status and Examples

As a participant in the global effort to increase the knowledge base for violence prevention, Hawai'i has engaged in many research efforts to identify factors associated with an increased or decreased likelihood that an individual or community will be affected by or become a perpetrator of violence. For example, the following studies identified risk and protective factors:

- The Hawai'i Student Alcohol, Tobacco, and Drug Use Study: Hawai'i Adolescent Prevention and Treatment Needs Assessment is the state's

¹⁶ Risk and Protective Factors Documentation. <http://www.hawaii.gov/health/resource/adad/adsurv.htm>

most comprehensive data collection on protective factors to date. It consists of a biennial survey of 6th, 8th, 10th and 12th grade students in the public and private schools¹⁶ (Pearson nee Klinge, 2003). Students answer a number of questions about their behavior and attitudes toward substance use and delinquency and about their peers, family, and community. These responses are analyzed statewide by school district, by county, by public vs. private schools, by gender, and by ethnicity. Correlations between risk and protective factors are reported. The 2000 data were analyzed by the UH Youth Gang Project and the State Incentive Grant Evaluation research teams, with the questions pertaining to violence and delinquency grouped into “anti-social behavior.”

- The Asian/Pacific Islander Youth Violence Prevention Center is currently conducting a risk

and protective factor study with Oahu students and their parents. These results will be analyzed and reported in future publications.

Efforts to evaluate existing violence prevention interventions have had mixed results. In the late 1990's the Violence Prevention Consortium (now Prevent Violence Hawaii) assessed its violence prevention curriculum initiative, implemented as a pilot in five school complexes. It proved difficult to collect the data from the schools to conduct an adequate evaluation. More work is needed in the implementation and evaluation of a locally school-based prevention curriculum.

An evaluation conducted by Johns Hopkins University of Healthy Start, the home visiting program, found that it succeeded at building trust and linking families to primary care providers for children but did not identify family risk factors or direct

The University of Hawai'i established the Asian/Pacific Islander (API) Youth Violence Prevention Center with funding from the Centers for Disease Control and Prevention in 2000. The API Center significantly increases Hawai'i's capacity to conduct violence prevention research. Its objectives are as follows:

“(1) develop culturally appropriate tools, surveys, and instruments necessary to effectively obtain information on individual, family, peer, and community factors of the API population; (2) begin to develop a socio-ecological database (e.g., crime regions, unemployment rates, social services agencies by group, etc. of areas where API youths reside in Oahu (Hawai'i) and Alameda County; (3) conduct a cross-sectional study to identify the risk and protective factors for the API population; (4) explore the interface between individual factors and culture as well as the broader, contextual circumstances (e.g., historical influences, environmental stressors, geographical areas); and (5) within the API population, compare and identify individual, family, and community similarities and differences among the diverse ethnic subgroups.”¹⁷

An API Center pilot project for the coming year includes an evaluation of the curriculum offered by the Sex Abuse Treatment Center to determine its efficacy on adolescents' attitudes and beliefs about dating violence and sexual victimization.

¹⁷ http://www.api-center.org/rp_factors.html

them to services which could help prevent child abuse (Duggan, Burrell, Higman, McFarlane Windham, Fuddy, Sia, 2004). Hawai'i's Department of Health used the research findings to modify the program's delivery of services, training programs and supervision. Those changes are currently being evaluated.

Next Steps

Hawai'i should be concerned with implementing prevention programs that have been rigorously evaluated and deemed "best practices" or "promising programs" by organizations such as the Center for the Study and Prevention of Violence or the federal Office of Juvenile Justice and Delinquency Prevention (see web sites in Appendix F). These prevention programs can be replicated in Hawai'i with modifications for cultural and societal differences, and still maintain program fidelity. Additionally, local research should be initiated and supported, and local prevention programs evaluated, with findings disseminated so programs are either replicated, modified, or abandoned when decisions regarding the allocation of prevention resources must be made. Hawai'i agencies can also develop and evaluate their own programs and submit them for inclusion in "best practices" as was done for the Coalition for a Drug Free Hawai'i's "Strengthening Hawai'i's Families."¹⁸

Local research needs to involve university faculty in the disciplines of medicine, education, criminology and the social sciences. More study on the financial costs of violence, e.g., medical care and lost income, are needed, and research on risk and protective factors should be expanded.

Ideally, comprehensive research would study differences in types of violence among those exposed to violence by gender, age, ethnicity, geographic area,

and other variables. Analysis of reported violence by these variables has been conducted by agencies such as the Injury Prevention and Control Program (DOH), the Department of the Attorney General, and the University of Hawai'i. For youth violence, the University of Hawai'i's Youth Gang Project and the Asian/Pacific Islander Youth Violence Prevention Center are studying and have reported on differences by age, gender and ethnicity. Their work and that of other organizations such as the Office of Hawaiian Affairs and Alu Like should be incorporated into future discussions on how to address violence in Hawai'i. Readers are encouraged to refer to other data sources (see Appendix E) which report and/or analyze findings on these disparities.

Recommendation 3

Promote primary prevention responses

What it covers

This WHO recommendation focuses on the need for widespread programming designed to stop violence before it occurs. One of the World report's central messages is that violence is not inevitable, but rather preventable. Communicating this message through primary prevention is widely seen as an effective method in the United States (Davis, Baxi, & Cohen, 2002). Primary prevention is accomplished by changing attitudes, beliefs, conditions, norms and/or values that contribute to violence. As stated in the Introduction, primary prevention is broad-based efforts to prevent violence from occurring and/or recurring.

To address the roots of violence, the World report uses the "ecological model," which takes into account the multitude of factors that influence vio-

¹⁸ <http://www.drugfreehawaii.org/>

lence, and seeks to explain the complex linkages and patterns between the various levels or forms of violence: individual, relationship, community and societal. The ecological model shows that prevention efforts are enhanced not only when addressing individual factors for violence (as in the case with many programs) but when the family, peer, community and social environments that shape the individual are taken into account. The model opens up a much wider spectrum of solutions than would be possible by focusing on only one level. Not all programs need to work at multiple levels, but all should understand the connections among violence at different levels and the links among the different types of violence. The ecological model serves a dual purpose: each level in the model represents a level of risk and each level can also be thought of as a key point for intervention. The model is useful for organizing and assessing prevention efforts.

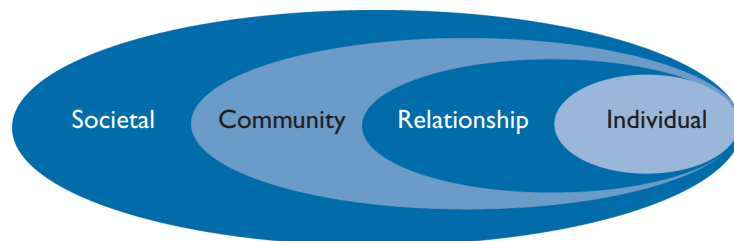


Figure 1.0
Ecological model for understanding violence

Is Hawai'i doing a good job in offering violence prevention strategies at all four levels of the ecological model? The authors of this report attempted to identify Hawai'i examples of credible strategies and programs for different types of violence (e.g., suicide, child abuse, youth violence) in each of the four levels of the ecological model (as done for youth violence in the World report) (Krug et al., 2002).

Scope of Recommendation

Hawai'i has many examples of primary prevention, some directed at a single type of risk behavior such as violence or substance abuse, and others that address multiple issues.

Hawai'i has obtained significant federal prevention funding in previous years, mainly geared to children and youth, and requiring the use of prevention principles recommended by the federal Substance Abuse and Mental Health Services Administration.¹⁹ The intent is to provide youth risk behavior prevention broadly across the state using strategies that have been developed and tested nationally for effectiveness.²⁰

In recent years, a comprehensive strategy involving multiple components, such as the federally-funded Comprehensive Strategy for Juvenile Justice in Hawai'i County, is considered to be more effective than single topic, specific-focused programs.²¹ These require considerable resources and effective collaboration. The Prevention Institute strongly suggests that communities use a comprehensive strategy with interdisciplinary collaboration.²² Nevertheless, programs that address only one type of violence or serve one target

¹⁹ Community based prevention, collaboration/partnerships, use of risk and protective factors, use of best practices, outcomes-based evaluation, cultural appropriateness and leveraging of funding

²⁰ In 2000, the Department of Health's Alcohol and Drug Abuse Division received \$8.4 million for the State Incentive Grant, with \$6 million going to selected community based projects for children, ages 12-17. The three years of SIG funding will conclude in 2004 unless new grant funding is obtained.

²¹ Combines primary prevention, intervention, sanctions, community and research focus, use of risk and protective factors model.

²² http://www.preventioninstitute.org/spectrum_injury.html

group can benefit from recognizing their relationship to the others.

The “unified approach” promoted by Prevent Violence Hawaii encourages programs focused on a single area of violence to coordinate with other programs since they often serve the same population and use similar strategies. Working in the field of prevention keeps a professional centered on daily program operations with an eye also on long term planning and fundraising. Prevention program providers attempt to become experts on the complicated nature of prevention, especially when pursuing government or private grants. They study the strategies and models to determine what will meet identified targeted needs, complement their current work and staffing, and have the greatest likelihood for funding. Often, they look for what will give them the most “bang for the buck” or is the newest trend in prevention science.

Currently, the largest funded effort to provide statewide prevention programming is the State Incentive Grant administered by the Department of Health’s Alcohol and Drug Abuse Division (ADAD). Although it is directed at substance abuse prevention, it uses accepted prevention principles also recognized as effective in the violence prevention field: community based prevention, collaboration, use of risk and protective factors, use of best practices, outcomes based evaluation, cultural appropriateness, and leveraging

of funding (State of Hawai’i. Department of Health, 2001; 2003). Communities throughout the state were funded to provide prevention programs; this was a substantial effort and financial investment for the use of “best practices” in prevention programs. The intention is to have prevention programming in all 42 of the state’s School/Community Areas (SCAs) and work continues by ADAD to seek new funding to operate existing and new programs.

Prevention specialists admit that barriers to prevention include “the world of limited funding, organizational difficulties, turf battles, limited scientific and policy information, and economic and political constraints” (Christoffel & Gallagher, 1999:343). In Hawai’i, almost anyone working in the field of prevention can cite examples of these barriers.

Hawai’i Status and Examples

Violence prevention strategies are integrated into programs with a variety of names so that it is difficult to inventory the number and types of programs in existence. The programs described in this section illustrate the wide variety of primary prevention approaches found in the state. This is not intended to represent all programs or reflect support for a specific program, but to demonstrate the diversity of program and strategies that fall within the levels of the ecological model.

Figure 2 demonstrates how a sampling of preven-

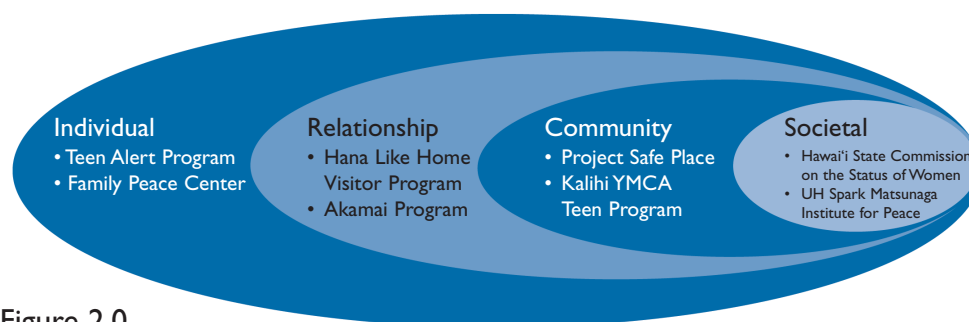


Figure 2.0

Applying the Ecological Model to Programs in Hawai'i

tion programs fit within the ecological model. A more complete description of these examples is found in Appendix H.

Many efforts in Hawai'i have been designed to deal with the consequences of violence, i.e., supporting victims and punishing offenders. While such responses are important, more attention needs to be directed towards preventing violence before it occurs.

A list follows which illustrates a variety of different types of prevention efforts in Hawai'i. Initially, prevention program examples were selected to show different types of strategies, e.g., information dissemination, prevention education, and alternative activities. However, when the change was made to examine how programs fit within the ecological model, it became more difficult to select representative programs in Hawai'i for those levels. Programs seem to focus more on individual and some relationship levels and less on community and societal. This is possibly because organizations find it easier to obtain funding for and operate individual, direct-service programs. It could also be due to the fact that community level interventions/programs can be difficult to implement and evaluate, particularly if they involve multiple components and the intended outcome is to create positive change in the entire community. Thus, there is very little information on community level efforts whereas a great deal more is known about programs that target individuals. In the end, a few examples of programs known to the authors or with recent recognition were selected for inclusion.

- Informational materials developed for prevention education in recent years would include Kamehameha Schools' bullying prevention booklet, the Domestic Violence Clearinghouse

and Legal Hotline "Dating Should Be Fun" brochure on dating violence, and their upcoming one on witnessing violence. The Commercial Sexual Exploitation Education Kit, for sale by the Hawai'i Youth Services Network, includes a video, three discussion guides, handouts, and exercises to facilitate discussion.²³ This is an example of the information dissemination strategy that consists of public awareness campaigns, media outreach or specialized curricula promotion on violence prevention.

- The Violence Prevention Curriculum Initiative (VPCI)²⁴ was the first school-based demonstration project to provide funding to schools for violence prevention. The Initiative awarded grants to five pilot schools which developed and implemented plans that integrated violence prevention skills and knowledge into curriculum and programs K-12, adding "relationships" to the 3 R's in education. An evaluation was conducted, but schools were unable to provide sufficient data to make it useful. The "Seeds of Peace for Today & Tomorrow" (Violence Prevention Consortium and Hawai'i Commission on the Status of Women, 2001) booklet, developed by the VPCI, is used in the UH Summer Institute violence prevention course as a resource for teachers (Irvin, Pressler, Santiago, Yahata & Helber, 2001).
- Current efforts by the College of Education at the University of Hawai'i, with support from the DOE and DOH and other business and community partners (e.g., American Cancer Society, Meadow Gold), are moving Hawai'i closer to making violence prevention a part of the health curriculum that is supposed to be taught in the schools. The goal is to develop standards-based, ready-to-use lesson plans and teach all teachers

²³ <http://www.hysn.org/cse/acknow.shtml>

²⁴ The Initiative was administered by the Hawai'i State Commission on the Status of Women and the Violence Prevention Consortium with funding from the Domestic Violence Special Fund established by the State Legislature in 1996 under the auspices of the Department of Health.

how to integrate them with the goal of “Building safe and positive learning communities,” one of the Hawai‘i Teachers’ Standards. Injury and violence prevention is one of the priority health-risk areas addressed in the Hawai‘i Health Education Standards. The Hawai‘i Health Education Standards teach students personal and social skills, such as self-management, analyzing influences, decision-making, and communication, to help them protect themselves and others (Pateman, 2004).

- Pacific Research and Educational Learning (PREL) is developing the Na Hoa Ho‘ola program to provide culturally appropriate, ongoing training and technical assistance to teachers in the pilot schools to assist them in adopting standards-based instructional strategies for substance abuse and violence prevention. The program will also develop a series of interactive online curriculum supplements delivered via the Web or on CD-ROM.
- Kamehameha Schools’ Health and Wellness Family Education Program collaborates with those seeking to reduce substance abuse and violence by Native Hawaiian youth.²⁵
- The Department of Education’s Peer Education Program (PEP) is offered to public school secondary students²⁶ (contingent on funding) and covers topics such as substance abuse, pregnancy, sexual exploitation and assault, STDs, AIDS, school violence, divorce, death, and suicide through Peer Educator-taught lessons. In 1999, an evaluation was conducted on the sexual assault component, which showed that students receiving the curricula through PEP had significantly better knowledge about sexual assault issues compared to the students in non-Peer

Education Program schools surveyed (Hamnett, Marker, Davidson, Silverio, 1999). A 2001 internal evaluation reported that PEP presentations were rated highly by peers and teachers.

- “Workplace Violence Prevention, Intervention and Recovery” is a manual created and distributed by Hawai‘i’s Department of the Attorney General. This manual is available free of charge to businesses in Hawai‘i and provides a model policy and program for workplace violence that can be adapted to the needs of most businesses (State of Hawai‘i, Department of the Attorney General, 2001).
- The Hawai‘i Children’s Trust Fund (HCTF) is a local trust created by Hawai‘i Revised Statutes 350B in 1993 to prevent child abuse and neglect. HCTF is part of a nationwide network of community-based child abuse prevention efforts to ensure that there is a dedicated source of funding for child abuse and neglect prevention in each state. It creates a public-private partnership aimed at preventing child neglect and abuse in Hawai‘i through funding family strengthening and other prevention programs, education and training efforts, and public awareness campaigns. To broaden the reach of prevention efforts, the 2004 Request for Proposal added child neglect as a risk indicator that includes inadequate supervision of children’s activities, environment and behavior. Since its inception the Hawai‘i Children’s Trust Fund has distributed over \$3.5 million dollars to community-based primary and secondary prevention programs statewide through yearly grantmaking. As envisioned by the legislature, HCTF raises funds from the federal government and private contributions to fund these community-based grants (Hawai‘i Children’s Trust Fund, 2004).

²⁵ http://www.ksbe.edu/eolapono/about_us/index.html

²⁶ Peer Educators have referred a total of 44,232 students to support services from 1995 to 2002.

- The Street Outreach Program, provided by Hawai'i Youth Services Network members throughout the islands, is designed to address the issue of runaway and homeless youth. Funded by the U.S. Department of Health and Human Services, it is an example of how violence and its prevention are woven into major federal initiatives. The goal is to help young people leave the streets and to protect those who have been, or who are at risk of being subjected to sexual abuse or exploitation. These young people are educated on violence prevention as one of a number of activities within the program.
- The Crime Prevention and Justice Assistance Division in the Department of the Attorney General addresses violence prevention with strategies that range from prevention education with McGruff "Take A Bite Out of Crime" program to community mobilization through Community Action Seminars.²⁷ The Grants and Planning Branch also monitors and assesses the federal funding for programs and conducts strategic planning (e.g., Violence Against Women Formula Grant).²⁸

The State Injury Prevention Plan Recommendations On Suicide

The Injury Prevention and Control Program in Hawai'i's Department of Health has drafted its *State Injury Prevention Plan* that includes the following priority recommendations on strategies to address suicide. As shown in the status indicators, Hawai'i's suicide rate is similar to the national rate but still warrants specific actions and strategies such as these.

GOAL: Increase knowledge and understanding of suicide prevention.

Recommended Strategy: *Develop and implement suicide prevention training for gatekeepers.*

Rationale: A "gatekeeper" is any individual who interacts with others at work, at play, and in community settings (i.e. other than the medical setting). Gatekeepers can be trained in suicide prevention to identify and respond to persons who are at risk for suicidal behaviors (National Strategy for Suicide Prevention, 2001).

Suicide Prevention training may include how to: identify early signs of suicidal behavior; implement timely and effective intervention strategies; identify opportunities to reinforce protective factors, and make appropriate referrals to treatment services.

It is recommended that training be implemented through the school system, through health systems, and through community-based groups to increase awareness and knowledge of the risk factors and signs of suicidal behavior.

²⁷ <http://www.cpja.ag.state.hi.us/ccp/#CAS>

²⁸ <http://www.cpja.ag.org>

Additionally, it is important to develop culturally competent trainings and to support funding for more trainings in the community.

Recommended Strategy: Launch a public awareness campaign.

Rationale: A public awareness campaign aimed at increasing public knowledge of suicide as a serious public health problem and dispelling myths about suicide will support a shift in beliefs and behaviors that allow for early intervention at the community level. The stigma of suicide has been recognized as a barrier to treatment for many people who have suicidal thoughts or have made suicide attempts. Lives can be saved through public understanding that suicides and suicidal behaviors are preventable, and that individuals and groups can play a significant role in suicide prevention.

A public awareness campaign might utilize various media to de-stigmatize suicide and convey the message that “it is okay to get help”. The campaign can educate the community on access to care (i.e., where to get help) and increase awareness that suicide is a public health problem and is preventable. Media vehicles may include: electronic – movies, television, radio; print – newspapers and magazines; program materials – newsletters, announcements, proclamations and community events.

Recommended Strategy: Promote and support research on suicide and suicide prevention.

Rationale: Suicide as a field of research is still in its early stages. Therefore, knowledge of factors relating to suicide and suicide attempts is limited. It is vital to increase qualitative and quantitative research to: better identify people “at-risk,” increase knowledge of causes of suicide, and develop effective interventions aimed at suicide prevention.

Further recommendations are to explore the possibilities of conducting psychological autopsies and to continue the conduct of population-based surveys.

GOAL: Broaden access to screening and services

Recommended Strategy: Develop and promote effective clinical and professional practices and policies.

Rationale: Many factors become barriers for persons to access appropriate services and care. Some include: finances, mental health conditions, substance abuse, etc. It is important to develop and strengthen a service system that raises awareness of services available, ensures statewide access for screening and appropriate care to every person as needed, ensures culturally sensitive approaches, and provides flexibility in health insurance reimbursements for mental health services. Promoting effective clinical and professional policies and practices will result in better health to those at risk.

Next Steps

The wide range of primary prevention responses is divided into the areas of training, assessment, prevention funding, protecting vulnerable populations, and evaluation--five topics critical to successful prevention.

Assessment

A primary task in promoting violence prevention is to understand the depth and scope of prevention needs and then determine what resources are available and where there are gaps and possible duplications of efforts. Instead of conducting separate needs and resource assessments, it would make sense to conduct them to be inclusive of all types of prevention and then analyze them by the different subject areas (violence, substance use, teen pregnancy, delinquency, etc.) and where they fit into the ecological model, if possible. This type of community resource assessment was done on substance abuse prevention by the Department of Health's Alcohol and Drug Abuse Division in 2001 (Hamnett, Song, Marker, Wong, Witeck, Pusateri, 2001) and is being updated by the Office of the Lieutenant Governor. Initially, this type of data collection and analysis is a major undertaking due to confusion about what is deemed "prevention." Additionally, it is difficult to locate written, precise documentation or get agency staff to complete lengthy surveys. Analyzing the results and ensuring that the findings are accurate and coherent is a daunting task but worthwhile for guiding future efforts. For instance, the recent analyses of these findings determined that most of the funding for prevention goes to youth-related strategies and programs (Vandersloot and Song, 2002).

Training

Many Hawai'i agencies are involved in and supportive of primary prevention. As personnel or budgetary changes occur within the system and within

agencies, training on the importance of primary prevention and how to effectively design, implement, and evaluate prevention programs are necessary. Conferences and workshops (e.g., Community Action Seminars offered by the Department of the Attorney General) provide theoretical frameworks and practical advice on "how to do" prevention.

Prevention providers and advocates are challenged to adopt a multi-faceted approach so that "reducing the level of violence is no longer the exclusive domain of a single agency, specific profession or social construct" (Edleson, Daro & Pinderhughes: 290). Prevention program providers can adapt the ecological model of violence prevention while working in their own areas. Training is needed to build an understanding of how programs can address many types of violence prevention at multiple-levels and in multiple sectors. An understanding of how prevention works from an ecological perspective will allow providers and advocates to understand the context of their efforts. By understanding how their programmatic efforts fit with and are supported by others, they can enhance the effectiveness of their efforts by collaborating with others. Prevent Violence Hawaii is currently exploring available resources to address this need but other organizations should inform each other of possible training opportunities.

Prevention Funding

A discussion on barriers to prevention invariably turns to the topic of under-funding. What is needed is a long-term, systemic commitment to primary prevention funding and dedication to funding core prevention programs. Treatment and programs for critical service needs appear to take priority over prevention. For example, a primary prevention program which may not have sufficient funds, given its scope of work, is the teen dating violence prevention program conducted by the Domestic Violence

Clearinghouse and Legal Hotline (DVCLH) on five islands (Kriedman, 2004). Interrupting the intergenerational cycle of abuse by educating young people about dating, mating and violence may be difficult with limited funds.

The need to compete for funds is recognized by service providers and policy makers, but little has been done to address this potential barrier to prevention. Organizations approach the Hawai'i State Legislature, government funding agencies, and foundations from their own sector or "silo." They typically apply for grants or request government allocations without considering how leveraging of resources and collaboration with others could lead to the achievement of larger goals for more widespread prevention. One suggestion is to design and implement prevention actions to increase leveraging of funds from non-traditional sources, such as the business sector or from taxpayers via a tax check off.²⁹ For example, the 2004 Hawai'i State Legislature passed a voluntary tax check off of \$5 earmarked for the Domestic Violence Special Fund.

Special funds for prevention should be maximized to achieve their original purpose; often money is encumbered but not spent. To ensure accountability of public and public/private funds such as the Domestic Violence Special Fund and Hawai'i Children's Trust Fund, the public should be made aware that tax dollars are used for their intended purpose and fullest potential. All state entities are obligated to provide information about the use of such special funds. If citizens experience barriers to obtaining this information, the Office of Information Practices exists to facilitate access to government documents. Accountability for prevention funding belongs to the people, not just to the State Legislature, commissions, or advisory groups.

Protecting Vulnerable Populations

Entire groups of vulnerable individuals are not receiving basic violence prevention information. The Attorney General's Grants Planning Branch outlined objectives and benchmarks for outreach to the "underserved" who are isolated by "(1) culture and language, (2) disability, and (3) sexual orientation."³⁰ A list of target groups who should receive primary consideration are: recent immigrants and refugees; homeless individuals and families; gay, lesbian, and or transgendered individuals; victims of intimate partner violence; children who witness violence; children in foster care; low income pregnant women; persons with disabilities; parents of children with disabilities; youth at risk; individuals who abuse substances; young parents living in isolated neighbor island communities; pregnant teens; and, unemployed individuals.

Evaluation

Identifying successful or effective strategies or approaches for preventing violence is not a simple matter. Although professionals in the relatively new field use terms like "prevention science" and "evidence-based prevention" it is difficult to find consensus on "what works." Generally "science-based prevention strategies" include elements required for success or effectiveness: (1) prevention programs should be guided by theories that blend both individual and environmental approaches; (2) they must apply multiple strategies in multiple settings; and (3) they must follow a logical design that includes assessment and evaluation.³¹ Programs rarely undergo rigorous evaluation following strict criteria and procedures. Blueprints for Violence Prevention has developed strict criteria, reviewed over 600 programs and currently has named eleven as "model" programs and 20 as "promising" programs. The criteria for selection as model programs include sustained effects, multiple site replication, analysis of mediating factors, and costs vs.

²⁹ Grant Notice: CFDA Number 93.590. Community-Based Child Abuse and Prevention (CBCAP). 2004. Federal Register Vol. 69 No. 72, Wednesday, April 14.

³⁰ <ftp://ftp.cpa.ag.state.hi.us/users/crs/pub/vawa03.pdf>

³¹ <http://www.northeastcapt.org/science.default.asp>

benefits.³² These types of evaluations are very costly and not always welcome, especially if the costs are borne from the same budget as the program's operation. Blueprints has also studied implementation issues for "model" and "promising" programs" and found common requirements (e.g., administrative commitment, qualified staff, training and technical assistance) (Ballard, Elliott, Fagan, Irwin, Mihalic, 2004b). More institutions are diligently studying strategies and evaluating prevention programs which may result in a stronger case for prevention.

Recommendation 4

Strengthen responses for victims of violence

What it Covers

This recommendation recognizes the need to provide high quality services to victims of violence and to prevent their revictimization. The major directive is to strengthen health, social, and legal services and support for victims of violence. The World report suggests the creation of a systematic strategy to incorporate violence prevention into the daily routines of those who deal with victims and have a role in responding to victims—from emergency responders to social workers and those providing direct care. As part of this strategy, violence prevention training and education are crucial in reducing the damaging impact on both those who have become victims and those who help victims.

Victims of violence often fall into the high-risk group consisting of those vulnerable to future violence, or, in other words, those at risk of revictimization. The field of knowledge is evolving about what works and what does not work in interventions with victims.

Scope of Recommendation

Many programs in Hawai'i designed to reach victims of violence need to be strengthened and integrated between social, legal and health systems. Many victims receive support from service providers under contract with the Hawai'i State Department of Human Services, the Hawai'i State Department of Health, the Hawai'i State Judiciary, and other city and county governments. This report does not document the extent of work for victims of violence but attempts to draw links between this area and the other types of prevention work and emphasize the importance of mutual support across sectors.

Hawai'i Status and Examples

The partial listing below illustrates the range and types of programs for victims.³³

- The Children's Alliance provides support to victims of child sex abuse and their families.
- The Department of the Prosecuting Attorney supports a victim/witness program that assists those exposed to violence. The U.S. Department of Justice has a victim witness advocate program.
- Pacific Gateway Center works with human trafficking victims who are often the victims of violence.
- Hawai'i Coalition for the Prevention of Sexual Assault is a coalition of 20 service providers that serve victims of sex assault.
- Victim/Witness Kokua Services in the Honolulu Department of the Prosecuting Attorney currently has a contract with MADD to provide therapy for individuals who have lost family members to violent crime, including drunk driving.
- Hawai'i State Coalition Against Domestic Violence is a coalition of 21 service providers that serve victims of domestic violence.

³² <http://www.colorado.edu/cspv/blueprints/model/criteria.html>

³³ This does not indicate support for the programs being listed here as it was outside the scope of this project to carefully study each program.

Legal

The victims' response system can be more fully understood by looking closely at one component of the system, the victims' rights law. In June 2004, a team representing various public and private sectors was sent from Hawai'i to participate in a conference by the National Crime Victim Law Institute.³⁴ This federally funded conference was designed to actively promote balance and fairness in the justice system through crime victim-centered legal advocacy, education, and resource sharing. The National Crime Victim Law Institute provides technical assistance to attorneys who offer direct legal services to crime victims, assists crime victims and other members of the public, provides education and training in crime victim law, advances the law regarding sexual violence issues, and undertakes other related activities. In Hawai'i, current efforts are focused on increasing the full range of legal services through individual law firms and attorneys, particularly pro bono services to victims of crime.

In response to the 1999 House Concurrent Resolution No. 65, HDI, the Domestic Violence Working Group was established to identify gaps in the Oahu criminal justice system, and make recommendations to the Legislature on actions to reduce domestic violence and to better meet victim's safety needs. The Group developed 31 recommendations and identified responsible individuals, task forces, and agencies to carry out the recommendations. The Group tracked its progress in meeting the recommendations and was directly responsible for rallying together the entire spectrum of players involved with victims of domestic violence to support passage of a range of policies for improving the prosecution system for repeat offenders and changes in the statute for abusive household members.

Although the scope of the Domestic Violence Working Group report covered domestic violence,

the Group recognized and identified other issues related to the protection of women and children from violence in the family to youth as victims of partner violence (State of Hawai'i. Department of the Attorney General, 1999a). For example, they recommended that a specialized group be convened to examine these issues, including Child Protective Services, the Department of Education, welfare services, health services, and others. The Domestic Violence Working Group has disbanded but individual members continue to be involved in other areas of advocacy and support for victims of domestic violence, including the Domestic Violence Prevention Coalition (Dunne, 2004). The Coalition played a coordinating role in meeting with county taskforces that resulted in amendments to the Hawai'i Revised Statutes, Section 134-7, that prohibits persons who are under court order restraints from transferring ownership of firearms (HB 2024, HDI).

Law enforcement officials have many issues to consider in their work; helping crime victims is sensitive and complicated. The ways in which law enforcement responds to victims is an important part of an overall response to victims of violence. The main approach for the police is to inform, train, and communicate with its own personnel about methods for assisting victims as well as the community and other agencies.

Health

Hawai'i's health system, comprised of those who provide rehabilitation and support for victims, can help lessen the impact of violence on victims.

The Family Violence Prevention Fund's *State-By-State Report Card on Health Care Laws and Domestic Violence 2001*, an independent, external assessment, provides clear direction for medical responses to victims and confirms that Hawai'i is

³⁴ National Crime Victim Law Institute. Lewis & Clark College. <http://www.lclark.edu/org/ncvli/>

missing key components needed in medical and health services responses to victims. The report grades each state's statutes on key components of a safety net: training, screening, protocols, mandatory reporting, and non-legislative policy/funding. Each state is given a score from -1 (poorest) to 2 (best) in each of the areas, and the total score is used to calculate the state's letter grade. Hawai'i received a grade of D in this report with a score of zero on all components except insurance discrimination (Family Violence Prevention Fund, 2001). Sixty-nine percent of the states and the District of Columbia got a D or worse.

There are plans and initiatives to address some of the problems identified in this report. For example, the 2004 needs assessment and strategic plan developed by the state Department of Health's Maternal and Child Health Branch articulates the need for appropriate medical and health care for women subjected to violence. Their first recommendation calls for universal screening protocols among all programs in their unit, and for improvements in training and education for health care providers (Arace & Grambs, 2004).

Social Services

In Hawai'i, children placed in foster homes merit immediate focused and sustained attention at the highest level. Foster children are wards of the state, which means that the State of Hawai'i is entirely responsible for the safety and care of these children. Current reports suggest serious problems concerning children's safety while in foster care. Hawai'i is currently out of compliance with the federal government standard for child safety in foster care (U.S. Department of Health and Human Services, 2003a; State of Hawai'i. Department of Human Services, 2004a). The Hawai'i *Children & Family Services Plan Summary* notes that in Calendar

Year 2001, for example, 38 out of 4,105 foster children in Hawai'i (or .95%) were subject to abuse and neglect by a parent or residential facility staff. The Hawai'i State Department of Human Services is seeking ways to meet the national standard of .57% or less (State of Hawai'i Department of Human Services (2004a). The departmental priorities for the next two years and "cross-cutting issues" and "primary strategies for change" are outlined in a June, 2004 *Hawai'i Program Improvement Plan* (State of Hawai'i Department of Human Services (2004b). The priorities include (1) timely responses to reports of child abuse and neglect accepted for investigation; (2) ongoing safety and risk and needs assessments on all active cases with Child Welfare Services (CWS); (3) families and children's active involvement, when appropriate, in developing their case plan; and (4) monthly visits, at a minimum, to all families and foster families for face-to-face interviews in cases active with CWS.

The Department of Human Services is responsible for the proper implementation of the federal guidelines set forth in the 1997 US Federal Legislation entitled *Adoption and Safe Families Act of 1997* (PL 105-89 or ASFA). To support implementation of these guidelines for the care, safety, and placement of children in foster care, a federal monitoring and sanctioning process has been designed to review and report how states are performing in meeting the guidelines.

Despite this published report on Hawai'i's child welfare system, few are aware of the number of significant shortcomings of the system. Frequently, these children have been victims of violent acts and/or have witnessed acts of violence in their homes. Nevertheless, removal from their families can be a traumatic event for children in almost all circumstances. Strengthening responses

for victims of violence—from outreach and education for foster children and families to legal interventions—should be an integral part of a comprehensive violence prevention system.

It is imperative to identify other vulnerable or “gap” groups. An example of such a group are people with disabilities. In March 2004, a group of providers and advocates brought in a national expert to raise awareness about persons with disabilities and violence prevention. Participating service and legal organizations working in this area were educated on key issues that relate to the special needs of persons with disabilities, including the underreporting of crimes. The information was presented by staff members from the Safe Place program in Austin, Texas that works with people with disabilities. Safe Place identifies a form of abuse called caregiver abuse which refers to “the exertion of a caregiver’s will over the person with a disability. It is the abuse of power in a relationship where the individual with a disability should have the right to absolute safety in her/his environment” (Kamper, 2004:2). Safe Place advocates for a service system that has a zero-tolerance policy on abuse of this vulnerable group. This first-ever presentation in Hawai’i on violence against people with disabilities drew a crowd that was double the number expected, indicating a strong interest in this topic in our islands. However, at this time, there is no plan for continuing to coordinate educational efforts.

Next Steps

Advocacy groups, government officials and professionals in this area should monitor and respond to the progress of the Child and Welfare Services’ *Hawai’i Implementation Plan* to improve the system and conditions for abused and neglected children. In particular, the state should be held accountable

for ensuring that children who are placed in foster homes are safe from harm.

In the area of victim response by government agencies, similar procedures for how law enforcement personnel currently link victims of assault to social services should be broadened to encompass all victims of violence (Dunne, 2004). Additionally, sufficient support should be directed at the Crime Victim Compensation Commission in the Department of Public Safety to provide for more immediate access to funds to help address the financial needs of crime victims.

Ensuring quality responses for victims requires that highly trained and experienced personnel be available to them. These health, social and legal professionals have direct knowledge and experience, and, therefore, can be advocates for victims’ assistance and rights. When interviewed, several local professionals working in the challenging areas of domestic violence and sexual assault noted that Hawai’i law does not provide incentives to attract and reward quality staff to work in this field. Providing incentives to attract and retain qualified people are important first steps in ensuring quality services to victims.

Interested groups could develop an educational campaign for law enforcement, medical and social services that would increase their ability to identify and meet the special needs of victims of violence who have disabilities.

Another suggestion made for public education/awareness is to change the language that labels or places blame on victims, replacing it with emphasis on perpetrators (*Honolulu Advertiser*, June 1, 2004). A broader campaign could highlight eliminating language used by the media and in print that labels or

places blame on victims, replacing it with an emphasis on the perpetrators of crime. How the media, particularly television, handles the reporting of violent incidents by often pursuing comments from family and friends of victims and perpetrators, should also be a matter of concern for citizens.

The absence of an integrated approach creates gaps in services and can leave individual victims with little recourse. Services should exist to remove them from violent circumstances. The data on victims only reflect a limited picture since violence is underreported by victims and those who care for or support victims. Anecdotal information suggests that underreporting is due to the fear of additional harm, and the perception (whether real or not) that there are insufficient safeguards to protect victims. These types of questions and factors should be considered in creating an effective plan that will provide a strong systemic response to victims that would prevent violence from recurring.

Recommendation 5

Integrate violence prevention into social and educational policies, and thereby promote gender and social equality

What it Covers

This recommendation acknowledges that social discrimination places certain sectors of the population at greater risk of violence and recommends that policies or interventions address these inequalities. According to the World report, these social and educational policies could include: “legislative and legal reforms, communication campaigns aimed at public awareness of the problem, training and monitoring of the police and public officials, and educational or economic incentives for disadvantaged groups” (Krug et al., 2002:251).

Scope of Recommendation

Admittedly, this recommendation from a global perspective might seem more appropriate for a developing country without the types of constitutional rights and statutory reforms known in the United States. Yet, disparities in social, educational and health provisions exist for citizens of Hawai‘i, often due to economic and political issues, but sometimes due to behavioral and environmental factors. The recommendation intends for violence prevention to be more widely integrated so that everyone has the opportunity to live in a peaceful community.

Hawai‘i has a history of progressive measures to promote social equality: labor unions, centralized public education, civil rights legislation, and commissions for oversight, to name a few. The State Constitution guarantees equal rights and protection against physical and emotional harm. In Hawai‘i’s multicultural society, the groups most visibly vying for rights include Native Hawaiians, immigrants, women, gays, persons with disabilities, elderly and youth, all in one way or another greatly influenced by the violence that permeates society. Groups lobby at the state legislature on issues such as domestic violence and children’s rights to safety. Advocacy groups for the rights and protection of women, children, persons with disabilities, and the elderly demand that any policies recognize and incorporate their specific group. Power struggles are paramount as government and private industry decisions and actions force these different constituencies to advocate for their own equal protection and rights.

Conditions that perpetuate violence are related to a history of bias due to gender, ethnicity, poverty and even geography (neighborhood or isolation from services). Generally, violence that affects the population as a whole affects low-income disadvantaged populations to a greater extent. As stated in

The California Campaign to Eliminate Racial and Ethnic Disparities in Health report:

“The impact of social, economic, and political exclusion results in a ‘weathering’ whereby health reflects cumulative experience rather than chronological or developmental age. Stressors such as discrimination, inadequate incomes, unsafe neighborhoods, lack of neighborhood services, and multiple health problems all contribute to a wearing down of the body and subsequent poor health” (Prevention Institute, 2003:251).

These same stressors on health place not only the disadvantaged populations but many individuals and entire communities at greater risk for exposure to violence.

Despite attempts by government leaders, the poor and disadvantaged are not adequately served by government policies. The World report suggests “reordering of priorities in the national budgets,” an action which could also be recommended for states (Krug, et al., 2002:251). In these times when states are financially strapped to provide basic services, only those clearly mandated by law get full attention even if policy makers recognize that prevention can save money in the long run (Christoffel & Gallagher, 1999).

Even though societal costs of injuries and deaths due to violence are computed by various organizations, government and private institutions are not always willing to change policies that may reduce their own operations or economic status.

Hawai‘i Status and Examples

Hawai‘i has many examples of how social and educational policies are integrated to prevent violence.

These include criminal laws, public school policies, and community-level approaches.

- Children are deemed “vulnerable” in the World report and females are recognized as victims of partner violence and sexual assault. Government agencies that are mandated to plan and carry out programs for them should address violence prevention. In Hawai‘i, the Department of Health’s Maternal and Child Health Branch (MCHB) integrates violence prevention into its contracts to private agencies for primary care for the uninsured, prenatal clinics, family planning, Healthy Start, and others. The Branch’s federal rape prevention and education grant funds the Sex Assault Treatment Center to provide educational sessions to middle and high school students.
- Women exceed men as targets of both partner violence and sexual assault (State of Hawai‘i. Department of the Attorney General, 2004a). The Violence Against Women Needs Assessment and Strategic Plan outlines disparities and describes Hawai‘i’s existing policies and programs (Arace & Grambs, 2004). It recommends action steps, calling for the integration of violence prevention to address the fact that women need special protection through programs and legal action. Currently, the MCHB is working on a policy statement regarding violence against women and intends to incorporate priorities for violence against women into the Title V Maternal and Child Health Services Block Grant’s Five-Year Plan.³⁵
- In order to address violence prevention for adolescents and teens, prevention education and alternative opportunities are considered key strategies. In recent years, more attention

³⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

has been directed at gender-specific programming to address what are different needs for adolescent girls and boys. Since 1997, with the origin of the Hawai'i Girls' Project (managed by the State Office of Youth Services with research and technical assistance provided by the University of Hawai'i), youth service organizations have advocated for curricula and activities geared to helping girls address life choices and develop skills to avoid risky behaviors (Chesney-Lind, Koo, Kato, & Clark, 1998). This includes modules on how staff members view their work with girls differently than with boys. Aggressive behavior by girls and self-inflicted injuries are concerns for professionals working with girls. Recently, attention is also being given to boys' programming to include how violence is counterproductive in developing healthy relationships and achieving their personal and career aspirations. Additionally, guidance on responsible parenting is deemed very important for young fathers and mothers. Professionals recognize that these strategies of providing prevention education and alternative activities for youth are crucial to counter violence, substance abuse and other serious problems in homes and communities.

- Children and youth spend many of their waking hours in school, learning and interacting with others. Thus, schools have the opportunity to develop and implement policies for safety and violence prevention. Bullying and harassment of students at schools persists, with consequences of impeded learning, great psychological harm and the potential for escalating into more serious physical violence.
- In Hawai'i, the primary vehicle to accomplish the Department of Education's (DOE) mission

to make safe, orderly and secure environments is through the Comprehensive Student Support System and its emphasis on proactive school-wide discipline through positive behavior support (PBS) systems. To date, 95% of all public schools have been trained in the PBS systems and sustainability is being addressed. Schools trained in the PBS systems analyze school-wide and individual student discipline data to design school and student interventions from a prevention perspective. Safe School Information System (SSIS) is a web-based computer application that was designed to support schools for discipline data entry and report generation. In addition, the Department's Chapter 19 of Hawai'i Administrative Rules, Title 8, regarding "Student Misconduct and Discipline" was amended in 2001 to include the definition of harassment based on race, color, national origin, ancestry, sex, religion, disability, or sexual orientation. The primary motivation for this revision was to designate "bullying" as a prohibited action. DOE personnel report ten Board of Education violence prevention-related policies on topics of safety and conduct³⁶ (Nagasako, 2004; Seo, 2004).

- Other safety measures in the schools include written crisis plans (also known as campus disturbance plans) and the training that is necessary for all school personnel to handle incidents, including violence. In 1991, schools received funding for the development and training for campus disturbance plans under the state's Youth Gang Response System (Chesney-Lind, Marker, Stern, Song, Reyes, Reyes, Stern, Taira, & Yap, 1992). However, it is unknown how widely school personnel throughout the state are familiar with the plans or newer versions and how prepared they are in responding to a violent incident. Minutes from a 1999 Board of

³⁶ Safety Policy #1110-6, Safe Workplace Policy #1110-7, Use of Force Policy #4201, Student Safety and Welfare #4200, Practice of Hazing Students #4210, Youth Gangs #4400, Safety Regulations #1110-6.3, Character Education, #2101, Character Education #2101.1, Student Code of Conduct # 4010.

Education Committee on Student Services meeting state that all schools have crisis plans and all teachers are trained. However, a 2003 report on the School Safety Manager Program states that school administrators are not familiar with crisis responding. Hawai'i's School Safety Manager (SSM) Program began in 1999 at some Oahu public intermediate and high schools and uses retired police officers to manage the security staff, through training, oversight, and assignment. Managers work with students and staff to create a safe school climate (Chesney & Nakano, 2003). If personnel are uninformed, the SSM, with administrative support, can conduct periodic training on implementation of the school crisis plans and provisions on violence in the Chapter 19 rules. Recently, more secondary schools on Oahu and some on Hawai'i and Kauai have School Safety Managers. The DOE indicates that all schools are required to have school safety plans, including crisis response plans, which have been used effectively during times of safety threats, intruders, and nearby police operations (Seo, 2004). Since the status indicator of "fear of going to school" shows higher rates of fear by Hawai'i students compared to those nationally, it is important to explore causes for Hawai'i's higher rates and to examine effective means of reducing this fear.

Law enforcement has its training, policies and practices which should address inequities in the treatment of individuals or communities and prevent police brutality. According to an official in the Honolulu Police Department (HPD), procedures are already in place to address gender and social equity in terms of police protection, crime prevention, and criminal investigation (Stone, 2004). HPD is one of the few fully accredited major city police departments, indicating a high standard of policing. It has vigilant Internal Affairs and Police Commission systems set up to probe improper-

eties. Early intervention and diversion programs for youthful offenders and their parents such as AKAMAI and Evening Counseling are provided. Community policing practices are implemented throughout patrol so that officers are encouraged to identify the roots of whatever problems arise, in collaboration with the community, schools, businesses and other agencies. HPD takes part in advocating for legislative changes, with others, for what it thinks will improve safety. Priorities for law enforcement, prosecution, victim service providers and discretionary allocations appear in the Fiscal Year Strategic Plan for the STOP Violence Against Women Formula Grant.

- Geographical differences present notable barriers to prevention in Hawai'i as access to services, including transportation in more rural communities, may contribute to risk behavior and violence (Chesney-Lind, Pasko, Marker, Freeman & Nakano, 2004). The link between community conditions and violence are apparent so it is even more essential that social protection services are operational and of high priority in budgets.
- The federally-funded Weed & Seed is an example of integrating violence prevention more widely in a community, using police and community services to neighborhoods as additional resources. Establishing community-based committees with residents and agency personnel is part of Weed & Seed activities, and citizen involvement is required in order to first be designated a Weed & Seed neighborhood. In Hawai'i, the program has served Kalihi/Chinatown (now expanded to include Kalihi Valley and Ala Moana), Waipahu, and Ewa communities; Pahoia on Hawai'i Island has just been added.

- The World report also recommends cultural and social research to determine the effectiveness and feasibility of policies seeking to promote gender and social equality. In Hawai'i, past and current research by the University of Hawai'i on youth violence, domestic violence, and sexual assault aim to fulfill this goal. Other organizations in Hawai'i currently working to address discrepancies in racial and ethnic inequalities tied to violence and substance use prevention include Kamehameha Schools, the Pacific Center on Research and Educational Learning (PREL), Alu Like, and the Office of Hawaiian Affairs.
- The University of Hawai'i's Youth Gang Project, funded by the state Office of Youth Services, and the Asian/Pacific Islander Youth Violence Prevention Center, funded by the federal Centers for Disease Control and Prevention, both conduct research to identify disparities in schools and communities. Using data from the U.S. Census and surveys in schools, both projects analyze differences in resources available to disadvantaged communities, the risk factors, including poverty, and implications for youth and their families. Youth from minority ethnic groups report higher rates of delinquent behavior, such as gang involvement, which also show up in juvenile justice records (Chesney-Lind et al., 2004; Kassebaum, Marker, Lau, Kwack, Leverette, & Allingham, 1995).
- Some ethnic groups, especially recent immigrants, are often deterred from receiving the medical care and information needed. Medical professionals may find it more difficult to speak with these patients about health concerns related to violence due to language and cultural barriers. The Asian/Pacific Islander Youth Violence Prevention Center incorporates violence prevention in medical professionals' curricula during undergraduate, graduate and post-graduate education.³⁷ One of the goals is for culturally effective care, especially for Asians and Pacific Islanders, and utilization of linkages in the community, including the University of Hawai'i John A. Burns School of Medicine's training sites in the community and Kokua Kalihi Valley Health Center in Honolulu, Hawai'i.
- As noted earlier, the prevalence of violence in the lives of persons with disabilities was the topic of a March Honolulu workshop where staff from Safe Place in Austin, Texas, claimed that people with disabilities experience abuse at a higher rate than the general population (Kamper, 2004). The Statewide Independent Living Council of Hawai'i, Assistive Technology Resource Centers of Hawai'i and others are interested in working on this topic.

Next Steps

Hawai'i is fortunate to have many illustrations (policies, initiatives, and training) of this recommendation to promote gender and social equality via social and educational policies. However, it is not clear if they are widely understood or are made available. Do the most economically or socially disadvantaged know what can be done to create a violence-free environment? Are these illustrations examples of work being done in "silos?" For those areas in which Hawai'i has, at least to some extent, integrated violence prevention (e.g., the health standards curriculum) what are the next steps to fully implement organizational policies, and plans and enact laws? In those areas where nothing has been done, action should be taken to identify and eliminate resistance or barriers to implementation.

³⁷ http://www.api-center.org/health_professional_curriculum.html

Advocates such as Prevent Violence Hawaii should insist that policy makers keep violence prevention on the front burner; making note of changes in society and monitoring whether laws or procedures have a beneficial or adverse impact on the community.

Hawai'i citizens should ask whether policies and procedures supporting violence prevention are being implemented as they were intended. For example, once trained, are health care providers screening patients for violent behavior in their lives? Are all schools familiar with their crisis or campus disturbance plan or is additional development and training required? Is there more screening and training for caregivers of the elderly and persons with disabilities? Are existing policies and programs still appropriate today or do they need updating? Even more importantly, can they be incorporated into a prevention system and adequately funded?

Strategies that deal with risk factors common to the more vulnerable groups should be a priority in strategic planning. Similarly, on-going research to determine what are the more effective strategies and what is required to implement them must continue.

Some might argue that the goal of social and gender equality cannot be reached without the entire population—not just government and agencies—adhering to its intent. Families, community members and individuals must integrate violence prevention into child-rearing, community participation and everyday life. Responsibility lies with everyone, not just the police, educators, or social workers. Those who come into contact with others—meaning almost everyone—must play a role, beginning with the most basic types of consideration and respect in their interactions with others.

Recommendation 6

Increase collaboration and exchange of information on violence prevention

What it Covers

All recommendations have stated the need for understanding, support, and cooperation between the different organizations working on violence prevention. This sixth recommendation describes more fully the importance of increasing information exchange and collaboration. In their absence, a duplication of efforts and missed opportunities are likely to occur, despite the myriad of programs and plans designed to reduce violence.

As stated in the World report, “The different types of violence share common risk factors and prevention strategies. Therefore, much could be gained by developing platforms that will facilitate the exchange of information, as well as joint research and advocacy work” (Krug et al., 2002:253). Advocacy groups should be partners in public health, working with health and social services and law enforcement. Government and law enforcement agencies alone cannot be responsible for doing the work of violence prevention. As they have begun to do, a larger array of professional and community organizations must step forward to build alliances to ensure effective collaboration and information sharing. This requires strong leadership and coordination since prevention cannot be achieved without them (Christoffel & Gallagher, 1999).

Scope of Recommendation

Conveying and sharing information and collaborating in a state that consists of a handful of islands pose obvious challenges. These challenges are further compounded by the high cost of air transportation, within-island geographical barriers, and a

highly diverse ethnic and immigrant population. Nevertheless, funding, program development, and planning efforts often fail to take into account the importance and cost of communication, collaboration, and information sharing. Effective collaboration is distinguished by ongoing support and investment from all partners (Cohen, Davis, Franchak, Prothrow-Stith, Quaday, Swift, & Ushishiba, 2002).

Hawai'i Status and Examples

The following examples illustrate efforts to build effective collaborations at the state and local levels:

- Prevent Violence Hawaii (PVH) has a long history of working to address the primary prevention of violence in Hawai'i. PVH began its work in 1993 as the community-initiated Violence Prevention Consortium (VPC) to focus attention, commitment and resources on long-term violence prevention approaches in Hawai'i.³⁸ Since 2001, its Five-Year Plan has guided the work of the Unified Approach of the Violence Prevention Consortium (UA/VPC). The merger of UA/VPC with the Awareness Foundation in 2003 has launched a new phase in developing a unified approach to violence prevention. Initiatives in the Plan are being revised and current participation in Prevent Violence Hawaii expanded to include representation from all sectors, disciplines, and a range of advocacy groups.
- The Kalihi Valley Collaborative (KVC) Project aims to reduce and prevent violence and associated risk factors impacting Pacific Island and Asian youth within the Kalihi Valley Homes public housing development and the surrounding community. KVC has established a partnership with key stakeholders in the community to initiate a collaborative effort and service program (using the Second Step youth program with parent sessions) to address violence and safety issues for youth in the community. Kamehameha Schools is adapting the Second Step curriculum for KVC to make it more culturally appropriate.
- The Youth Gang Response System (YGRS) was created in 1990 to respond to the problems of gangs and delinquency in Hawai'i and is managed by the State Office of Youth Services, Department of Human Services.³⁹ The YGRS addresses the problem of youth gangs in Hawai'i through a systematic, comprehensive, and collaborative effort. It includes the major agencies responsible for youths well-being and creates a funding and coordination system and method for networking and information sharing. Their multi-component effort (various types of programs in law enforcement, education, recreation, social services, research and evaluation) establishes and maintains partnerships among various government agencies and community organizations to provide prevention, intervention, and suppression programs for youth at-risk for gang involvement or youth who are currently involved in gangs.
- The Asian/Pacific Islander Youth Violence Prevention Center, funded by the Centers for Disease Control and Prevention located in Oakland and Honolulu, has a vision to be a "gathering place for collaboration, information sharing and spirited discussion between researchers, individuals and organizations from the community regarding violence prevention among API youth."⁴⁰ As an example of collaboration, the Honolulu site worked with the Waipahu community in 2003 to obtain perspectives from youth and to identify pro-

³⁸ VPC grew out of the need to create a volunteer community organization that would facilitate the Violence Prevention Curriculum Initiative in public schools during 1996 - 2002.

³⁹ For reports on the YGRS, see <http://www.hawaii.edu/ssri/publications> list and contact SSRI in Appendix L.

⁴⁰ http://www.api-center.org/community_response_plan.html#honolulu

grams and services provided for Waipahu youth and their families. Currently, API/VPC is sharing their youth and parent survey data with three Oahu high schools and helping them decide how to incorporate the findings into their curricula and programs.

- The Hawai'i Island Anti-Bullying Coalition began as individuals from various organizations attending a workshop on "bully-proofing" sponsored by Kamehameha Schools' Safe and Drug Free Program. The curriculum includes scenarios on empowering the bystanders and victims. Currently, the workshop participants are working together with the community to educate and empower children to be "bully-proofed." The Coalition has received a few grants to provide some awareness activities in the schools and community, particularly focused on giving teachers, child care providers, and youth the necessary tools to deal with bullying, conflict management and communication (Inaba, 2004).
- Protect Our Children from Sexual Exploitation (POCSE) addresses the issue of commercial sexual exploitation of youth. Members include representatives from law enforcement, youth services, sexual assault, domestic violence, health care and HIV/AIDS prevention program. This group served as advisors in the development of the Commercial Sexual Exploitation Education Kit developed by Hawai'i Youth Services Network.

Next Steps

- I. A positive first step would be for existing organizations, such as consortiums like Prevent Violence Hawaii, to do a self-assessment. The assessment should address whether they are "Shifting the Focus" to advance violence pre-

vention as suggested by Prevention Institute (Cohen et al., 2002). This phrase suggests that organizations from many different disciplines should form a collaborative prevention approach and "shift" away from isolated efforts focusing on suppression and intervention.

The organization's self assessment would address whether or not certain indicators and outcomes were being achieved. In each case, the questions would ask not only whether a goal was achieved, but how (indicators), and how it is being measured (outcomes). For example, the consortium might ask itself whether it has the resources to educate itself and gain access to knowledge. Does it educate the community and how? Is there networking and sharing of information? Does it mediate among levels of prevention? What are the effective violence prevention practices among member organizations and how can those be spread to others? Are there gaps in services and if so, what is the consortium doing to change this?

The self assessment would also address access to services and coverage for the most vulnerable groups. At the same time, it could look at any recommended set of policies that other states have or are developing. Exploring training and technical assistance needs and how to obtain them would strengthen the organization. This self-evaluation and self-education would evaluate the vitality of the consortium and provide the feedback and direction that is often lacking in coalitions. For policy development, an organization could design a survey questionnaire for its members

or other policy makers to assess education and awareness and to measure support for the organization. A sample of a survey questionnaire measuring whether key stakeholders think that Hawai'i is adhering to the recommendations of the World report is available in Appendix J.

- II. Hawai'i organizations would benefit from loosening of restrictions on information sharing. These restrictions—some official practices and others instigated by turf or trust issues—create barriers to knowledge about activities and accomplishments. Except where legal issues and confidentiality of individuals are concerned, organizations should work together to answer questions such as “who’s doing what, where and why?” Printed materials are one approach, as evidenced by many extremely helpful web pages and reports, but face-to-face and electronic dialogues will further open the door to cooperative prevention work.
- III. On-going training and technical assistance about what it means to collaborate and how to do it—concrete direction and guidance—are required to ensure authentic collaboration and maintain momentum. Agency staff members do not typically have collaboration as a focus of their work; they have large workloads, are often under-staffed, and aren’t necessarily skilled in how to do collaboration. Funding agencies often assume that organizations collaborate and accomplish lasting work with existing staff members or volunteers. In reality, however, organizations resort to their own devices to determine what collaboration actually means and operate without advice or technical assistance on how to foster it. Recent experiences in Hawai'i have shown that when organizations are required to collaborate in

order to qualify for funding, they seek out partnerships, but the infrastructure required to sustain the collaboration is often overlooked (e.g., staffing, time for meetings, ability to share resources) (Chesney-Lind, Pasko, Marker, Fiaui, & Connery, 2003). Technical assistance about how to structure, operate and sustain collaboration should be built into the requirements. Occasionally, funding provides for training and tool kits, such as the Communities that Care model currently used by five State Incentive Grant (substance abuse prevention) community projects in Hawai'i.⁴¹

- IV. Coalitions in particular should identify and access resources (e.g., training workshops) to build infrastructure to sustain collaboration. Adequate training is not yet available, although there are individual training efforts underway. Currently, the American Public Health Association Leadership Institute Team, supported by the DOH Maternal and Child Health Branch, receives training on topics such as information sharing, collaboration and evaluation to help with implementation of long-range youth violence prevention goals. The training materials used include a Community Tool Box developed by the University of Kansas that gives useful tips for organizing, planning, and implementing projects and publications on how to collaborate.⁴² The Prevention Institute provides “Developing Effective Coalitions: An Eight Step Guide” and “The Tension of Turf: Making it Work for the Coalition,”⁴³ and the planning tool, “Collaboration Math.”⁴⁴ Additionally, Prevent Violence Hawaii is exploring training offered by PREVENT, a national component of the National Training Initiative for Injury and Violence Prevention (NTI).⁴⁵

⁴¹ For publications on Communities that Care see: <http://depts.washington.edu/sdrg/CTCPubs.html>

⁴² <http://www.ctb.ku.edu>

⁴³ <http://www.preventioninstitute.org/eightstep.html>

⁴⁴ <http://www.preventioninstitute.org/collmath.html>

⁴⁵ <http://www.PREVENT.unc.edu>

Despite these challenges, it is clear that when there is support from organizations and agencies for allocation of time and resources, and a commitment to remove the barriers to reaching mutual goals, collaboration can have a greater impact than any single person or entity working alone (Illinois Center for Violence Prevention, 2002). The complex nature of violence necessitates collaboration and Hawai'i must work to ensure that this occurs.

Recommendation 7

Create, implement, and monitor a statewide action plan for violence prevention

Scope of Recommendation

As mentioned earlier, violence prevention efforts are most effective when they are part of a coordinated, comprehensive strategy. A statewide action plan would serve as a blueprint for action and as a rallying point for initiating policy change. Developing a plan of this magnitude would require the involvement and contribution of multiple sectors and relevant stakeholders from different disciplines. A statewide action plan could minimize redundancy and foster the coordination of program delivery and policy development. Finally, a statewide action plan would incorporate many, if not most, of the other WHO recommendations discussed in this paper, ensuring that those recommendations are addressed. The contents of the plan would include (1) legislation and policy, (2) building data collection and research capacity, (3) developing and evaluating prevention, (4) prevention strategies, 5) strengthening responses for victims, (6) an assessment of human and financial resources needed, and (7) broad-based community involvement.

A strategic action plan can facilitate communication and participation, accommodate diverse interests and values, foster decision-making, and promote successful implementation of violence prevention interventions. It can stimulate the development of financial resources and lead to policy change.

Hawai'i Status and Examples

Currently, Hawai'i lacks a comprehensive statewide action plan for violence. Instead, the state has developed a variety of action plans that address single issues (e.g. child abuse and neglect, violence against women, and issues closely aligned with violence, such as substance abuse). Examples include the following:

- Initiated in May 2001, the Strategic Plan for the STOP Violence Against Women Formula Grant was a statewide, three-year, multi-disciplinary effort to address violence against women. Represented in this effort were the judiciary, city, county, and state law enforcement agencies, a number of sex abuse and domestic violence service agencies, and other state agencies. After the strategic plan was developed, an action plan was created to address the following three strategic priorities: (1) provision of multi-disciplinary training, coordination and staff support, (2) increased outreach to the culturally and linguistically underserved, and (3) improvements in the data system infrastructure. As of January 2004, progress has been made in implementing two of those three recommendations. Statewide collaboration on multidisciplinary training, coordination and staff support continues in terms of efforts to increase the quality and quantity of forensic evidence in sex assault cases, in establishing a statewide fatality review project, and in developing a sexual assault services strategic plan. Outreach to the culturally and linguistically

underserved continues for women who have been subjected to domestic violence living on the north shore of O'ahu, for Filipino women, and to provide written forms and material for immigrant and non-English speaking women. The final recommendation, to improve the data system infrastructure, is in abeyance. The initial plan was to develop a uniform data system infrastructure for agencies servicing abused women but the project was eventually terminated due to low participation rates by service provider agencies (Wong, 2004).

- The 2003 State Legislature adopted Senate Concurrent Resolution (SCR 13) which called for the establishment of a statewide interagency task force to develop a plan for better coordination and expansion of services provided through the Healthy Start program to young children and their families (State of Hawai'i, Departments of Health and Human Services, 2004). The task force includes representation from the State Departments of Health and Human Services. The task force continues to meet and map out strategies to improve the health and well-being of children and their families, most specifically prevention of child abuse and neglect.
- The State Injury Prevention Plan (SIPP) will provide direction over the next five years for the Department of Health Injury Prevention and Control Program (IPCP), and overall injury prevention efforts statewide by focusing on strategies that have the greatest impact in reducing or preventing injuries. Two of the eight injury prevention areas included in the Plan (suicide prevention and interpersonal violence) relate to violence prevention.

- Currently, two prominent, large-scale prevention planning efforts in Hawai'i are focused on substance abuse prevention. In 2000, with the infusion of State Incentive Grant (SIG) federal monies, the Department of Health's Alcohol and Drug Abuse Division established a Strategic Plan for substance abuse. It incorporates all of the prevention strategies and approaches commonly accepted by national prevention funding agencies,⁴⁶ but has yet to have "buy-in" by all the six state agencies involved in prevention. In 2003, in response to what was deemed an "ice epidemic" (crystal methamphetamine use), the Lieutenant Governor's Office began development of a Hawai'i Drug Control Action Plan-- an effort to improve the system of services that deal with drugs and underage drinking. Ad hoc committees are meeting in 2004 to develop short and long term goals. The plan will aim to promote policy and practices that are evidence-based, realistic, achievable and cost effective.⁴⁷

Another state agency has taken on a leadership role in preventing substance abuse. The Hawai'i State Legislature held community forums on substance abuse prevention and passed the Omnibus bill (Act 44) for substance abuse in Spring, 2004. Clearly these overlapping initiatives underscore the need for statewide coordination of goals, strategies, leadership, and resources.

Many of the existing "single issue" action plans make note of overlapping target populations and call for coordination across sectors, involving, for example, the educational, criminal justice, health, social service and non-governmental sectors. Yet none explicitly recommend cross-issue strategizing or action planning. For example, groups working to prevent domestic violence are currently not strate-

⁴⁶ For example, federal agencies such as the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, Office of Juvenile Justice and Delinquency Prevention and Department of Education.

⁴⁷ <http://www.hawaii.gov/hawaiidrugcontrolstrategy/Presentations/hawaiidrugcontrolstrategysummit.ppt>

gizing closely with those working to prevent child abuse despite the obvious connections and the fact that they share many of the same clients. An integrated approach in which all health and social service sectors look beyond their particular area of expertise and address relationships among different types of violence would aid in creating a unified plan of action.

Prevent Violence Hawaii is committed to developing a unified approach to prevention. The organization is currently in the process of updating and revising its five-year strategic plan, which could serve as the first step in formulating a statewide action plan.

Nationally, states such as Illinois, California, Oklahoma and Rhode Island have either produced or are in the process of developing a strategic plan for violence prevention that address more than one kind of violence. For localized plans, Contra Costa County, Alameda County, and the town of Salinas--all in California--developed comprehensive plans for practical community action and system approaches to decrease violence with the planning assistance of the Prevention Institute.

Next Steps

The systems approach incorporated in these planning examples illustrates that no one approach can address the complex, multi-faceted problem of violence prevention in our society. A coordinated system plan should cover each type of violence.

Preliminary guidelines for a violence prevention action plan for Hawai'i include:

- **Leadership**

Political will, commitment, and leadership from the highest level of government will be

required. Leaders should champion the need for a statewide action plan as well as assign responsibility for monitoring, evaluating, and assessing progress on the plan.

- **A Public Health Approach**

This requires commitment to a multi-sectoral, data-driven approach that incorporates risk and protective factors.

- **Feasibility**

The plan should be realistic and concrete, with specific objectives and priorities, detailed strategies, assigned responsibilities (i.e., sectors that can contribute to violence prevention), a realistic timetable, and evaluation mechanisms.

- **Stakeholder Involvement**

The plan should be based on consensus developed by a wide range of governmental and non-governmental stakeholders. Links to the community via councils, community-based task forces, advocacy groups, victims' support groups, and business leaders to help build and implement the plan and its guidelines will be essential.

Conclusion

Violence is not inevitable. We can do much to address and prevent it. The individuals, families and communities whose lives each year are shattered by it can be safeguarded, and the root causes of violence tackled to produce a healthier society for all (Krug et al., 2002:254).

This report builds a knowledge base—outlining, with noted limitations on information, where Hawai'i stands in 2004 with both the status of reported violence and the status of policies, strategies and programs. It explains how the WHO's prevention framework and recommendations can be applied to Hawai'i and what next steps should be taken by any interested individuals and organizations. It provides directions to resources for learning more about violence and what can be done to prevent it.

Violence is a complex problem that requires complex solutions. The public health approach is proactive—to prevent violence before it starts and to intervene at the levels which can be most effective in preventing further violence. The focus is on changing human behavior; society and the environment—and for changing norms and the behavior of our citizens.

Everyone has a role to play in building the foundation for a strong violence prevention infrastructure. From everyday individual behaviors to collective actions, people are encouraged to step forward and become involved. Examples for ways to do this are: (1) befriend your neighbors and help those with children, (2) volunteer your time and efforts to help those in need, (3) attend neighborhood board meetings to help shape the quality of life in your community, (4) participate in the democratic process to ensure that the root causes of violence

are addressed by your local and state government representatives, and most importantly, (5) speak out against violence at every opportunity. Cruelty to others, no matter what form it takes, should not be tolerated or ignored. To facilitate this process, a contact list for the organizations responsible for this report and other agencies actively promoting prevention are listed in the Appendices.

Interviews and discussions disclosed that many organizations and professionals are unfamiliar with violence prevention efforts, even within their own discipline. For example, personnel, consultants and advisors working in the public schools often do not know of various efforts to develop and use curriculum for violence prevention or how schools are using funding designated for drug and violence prevention education. Although Hawai'i is a small state, with centralized government functions and private service providers serving on various groups or coalitions, people generally remain unaware of past or current endeavors similar to their own. Unfortunately, they chart their own course or “reinvent the wheel” instead of joining with others and benefiting from their knowledge and experience.

Hawai'i has special efforts underway to address deficiencies in preventing violence and is even “out of compliance” with federal requirements to care for abused and neglected children. Task forces are established, improvement plans are being implemented, and special funds and trusts are now avail-

able for purposes of supporting prevention. However, not everyone knows or understands these and how they are being used, even within the agencies operating the programs. Some of this is to be expected as staff members and volunteers move in and out of positions. Large organizations like the Department of Health have more than one branch “doing” prevention. This does not have to be confusing and duplicitous if parameters are clearly understood and agreed upon. Prevention could proceed effectively if program planning, development and implementation are better coordinated. To state it bluntly, Hawai‘i suffers from a major lack of communication and coordination among government departments and private agencies in the area of prevention.

If the *Ending Violence* status report is developed, as hoped, on a regular basis, the next report should update data on these 12 status indicators and include even more. The report should link data to recommendations and provide a progress report on the implementation of the recommendations regarding policies, strategies, and programs. Additionally, it should provide findings from a qualitative survey that solicits opinions on how well Hawai‘i is doing in adhering to the WHO recommendations and in implementing the Next Steps outlined under each of the recommendations in this report.

In addition to a future status report, additional issue papers and briefs could be written on a number of related topics such as: (1) suicide prevention in Hawai‘i, (2) analysis of risk and protective factors for Hawai‘i’s violence prevention, (3) cultural and societal issues as they relate to violence prevention in Hawai‘i, and (4) how to develop stronger alliances with policy makers and the media in preventing violence.

No better summary of Hawai‘i’s *Ending Violence* report can be offered than the one given at the end of the World report:

“This report attempts to contribute to the knowledge base. It is hoped that the report will inspire and facilitate increased cooperation, innovation and commitment to preventing violence around the world” (Krug et al., 2002:254).

References

Arace, M. & Grambs, M. (2004). *Violence against women: Needs assessment and strategic plan*. Honolulu, HI: Completed upon contract for the Department of Health, Maternal and Child Health.

Baker, K.K., Crockett, J., Onaka, A.T., Horiuchi, B., Liu, L., Tottori, C. & Dannemiller, J. (2003). *Considered, made a plan, and attempted suicide: baseline estimates, adult population of Hawai'i, Hawai'i Health Survey 2001*. Honolulu, HI: State of Hawai'i. Department of Health, Office of Health Status Monitoring.
Available Online: <http://www.hawaii.gov/health/stats/surveys/hhs/mhealth.pdf>

Ballard, D., Elliott, D., Fagan, A., Irwin, K., & Mihalic, S. (2004a). *Blueprints for violence prevention*. Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. July 2004 Report.(NCJ 204274).
Available Online: <http://ojjdp.ncjrs.org/publications/PubAbstract.asp?pubi=11721>

Ballard, D., Elliott, D., Fagan, A., Irwin, K., & Mihalic, S. (2004b). *Successful program implementation: lessons from blueprints*. Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, July 2004 Bulletin. (NCJ 204273) **Available Online:**
<http://ojjdp.ncjrs.org/publications/PubAbstract.asp?pubi=11719>

Center on the Family, University of Hawai'i at Mānoa. (2004). Data Center. Honolulu, Hawai'i.
Available Online: http://uhfamily.hawaii.edu/Cof_Data/cfi/family_indicators.asp

Centers for Disease Control and Prevention. (2004). Behavioral Risk Factor Surveillance System (BRFSS)
Available Online: <http://www.hawaii.gov/health/statistics/brfss/index.html>

Centers for Disease Control and Prevention. (2004). Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance System (YRBSS) **Available Online:** <http://apps.nccd.cdc.gov/nccdphp/dash/yrbs>

Centers for Disease Control and Prevention. (2004). Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, *Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995-2002*.

Centers for Disease Control and Prevention. (2004). National Center for Injury Prevention and Control. *Fatal injuries: Mortality reports*. [database on the Internet}. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control web site. **Available Online:**
<http://webapp.cdc.gov/sasweb/ncipc/mortrate.html>. Accessed March 30, 2001.

- Chesney-Lind, M., Koo, J., Kato, D., & Clark, K. F. (1998). *Girls at risk: An overview of gender specific programming issues and initiatives. A report of the Hawai'i girls' project volume two*. Honolulu, HI: Center for Youth Research, Social Science Research Institute, University of Hawai'i at Mānoa. Report No. 394.
- Chesney-Lind, M., Marker, N., Stern, I.R., Song, V., Reyes, H., Reyes, Y., Stern, J., Taira, J. & Yap, A. (1992). *An evaluation of Act 189: Hawai'i's response to youth gangs*. Honolulu, HI: Center for Youth Research, Social Science Research Institute, University of Hawai'i at Mānoa.
- Chesney-Lind, M. & Nakano, J. (2003). *How safe are Hawai'i's schools? Volume two. An assessment of the school safety manager program*. Honolulu, HI: Center for Youth Research, Social Science Research Institute, University of Hawai'i at Mānoa.
- Chesney-Lind, M., Pasko, L., Marker, N., Fiaui, P., & Connery, S. (2003). *Youth service center evaluation research volume II: A report to the twenty-second Hawai'i State Legislature*. Honolulu, HI: Center for Youth Research, Social Science Research Institute, University of Hawai'i at Mānoa.
- Chesney-Lind, M., Pasko, L., Marker, N., Freeman, S., & Nakano, J. (2004). *Arrest trends, gang involvement, and truancy in Hawai'i: An interim report to the twenty-second Hawai'i State Legislature*. Honolulu, HI: Center for Youth Research, Social Science Research Institute, University of Hawai'i at Mānoa.
- Christoffel, T. & Gallagher, S.S. (1999). *Injury prevention and public health. Practical knowledge, skills and strategies*. Gathersburg, MD: Aspen Publishers, Inc.
- Cohen L., Davis, R., Franchak, S., Prothrow-Stith, D., Quaday, S., Swift, S., & Uchishiba, N. (2002). *Shifting the Focus: An Interdisciplinary Framework for Advancing Violence Prevention*. **Available Online:** <http://www.preventioninstitute.org/shifting.html>
- Davis, R., Baxi, S. & Cohen, L. (2002). *Shifting the focus: Interdisciplinary collaboration to advance violence prevention in California, Accomplishments and lessons learned*. Oakland, CA: Prevention Institute.
- Duggan, A., Burrell L., Higman S.M., McFarlane E., Windham A., Fuddy, L., & Sia, C. (2004). "Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect," *Child abuse and neglect*, June 2004, Vol. 28, Issue 6.
- Dunne, Dennis. (2004). Notes from telephone conversation with Dennis Dunn, Director, Victim/Witness Kokua Services, Department of the Prosecuting Attorney, City and County of Honolulu with Therese Argoud. July 22, 2004.
- Edleson, J. L., Daro, D. & Pinderhughes, H. (2004). "Finding a common agenda for preventing child maltreatment, youth violence, and domestic violence" *Journal of interpersonal violence*, Vol. 19. No. 3. March 2004.

Family Violence Prevention Fund (2001). *State-by-state report card on health care laws and domestic violence*. 2001. August 28. **Available Online:** <http://endabuse.org/statereport/list.php3>

Federal Bureau of Investigation. *Crime in the United States*. Uniform Crime Reporting System. Federal Bureau of Investigation, U.S. Department of Justice, Washington, DC 20535. U. S. Government Printing Office, Washington, D.C. 20402-9328. **Available Online:** <http://www.fbi.gov/ucr/ucr.htm>

Hamnett, M., Marker, N., Davidson, J., & Silverio, M. (1999). *Evaluation of sexual assault prevention curriculum in Hawai'i's peer education program*. Honolulu, HI: Social Science Research Institute, University of Hawai'i at Mānoa.

Hamnett, M. P., Song, V.L., Marker, N., Wong, N., Freitas, A., Witeck, L.H., & Pusateri, G. (2001). *Hawai'i prevention needs assessment: Family of studies. Community prevention resource assessment: Program assessment*. Honolulu, HI: Social Science Research Institute, University of Hawai'i at Mānoa.

Hawai'i Children's Trust Fund. Excerpt from material provided by Hawai'i Children's Trust Fund, coordinator, Deanna Yates. May, 2004 and Hawai'i Community Foundation web site: <http://www.hawaiicommunityfoundation.org/grants/browse.php?categoryID=24>

Health Integrated Data System (HIDS) [database online]. Honolulu, HI: Hawai'i Department of Health, 2001. Updated June 6, 2001. **Available Online:**

Suicide: http://www.hawaii.gov/health/stats/vs_suic.html

Homicide: http://www.hawaii.gov/health/stats/vs_homi.html

National data source: <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

Honolulu Advertiser. (2004). "More than a few good men: Strategies for inspiring men and boys to be allies in gender violence prevention," a full-day training conducted by Jackson Katz, June 1, 2004. GirlFest violence prevention workshop, May 31, 2004.

iCAN National Center on Child Fatality Review. (Spring, 2004). *Unified response: The child fatality review team newsletter*.

Illinois Violence Prevention Authority, Chicago, Illinois, as reported in Family Violence Prevention Fund's *Integrating community building and violence prevention final report* August 2003.

Illinois Center for Violence Prevention. (2002). *Violence prevention news*, Vol. 9, No. 1. Winter 2002.

Inaba, Audrey. Email correspondence with Audrey Inaba from Hawai'i Island Anti-Bullying Coalition to Nancy Marker, June, 2004.

Irvin L. H., Pressler V, Santiago A., Yahata, D., and Helber, D. (2001). Supporting healthy youth: The healthy Hawai'i initiative and the Hawai'i partnership for standards-based school health education. *Educational perspectives* 2001, Vol. 34, No. 2.

Kamper, H. (2004). *Stop the violence, break the silence: Collaborating to end violence against people with disabilities*. Supplementary materials packet from Safety Awareness Program conference by Safe Place, on March 31, 2004, Honolulu, HI.

Kassebaum, G., Marker, N., Lau, C.W.S., Kwack, D.G., Leverette, J., & Allingham, E. (1995). *Identifying disproportionate representation of ethnic groups in Hawai'i's juvenile justice system. Phase one. A report to the Juvenile Justice State Advisory Council, the Office of Youth Services, and the Coalition for Ethnic and Cultural Diversity of Youth*. Honolulu, HI: University of Hawai'i at Mānoa, Center for Youth Research, Social Science Research Institute

Kingle, R.S. (2001). *Ka Leo O Na Keiki – The 2000 Hawai'i student alcohol, tobacco, and other drug use study (1987-2000). Hawai'i adolescent prevention and treatment needs assessment*. Kapolei, HI: Hawai'i Department of Health, Alcohol and Drug Abuse Division. **Available Online:**
<http://www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/adsurv.htm>

Kriedman, Nancie. (2004). Email communication with Nancie Kreidman, Executive Director of the Domestic Violence Clearinghouse and Legal Hotline to Georgia McCauley. June 25, 2004.

Krug, E. G., Dahlberg, L., Mercy, J.A., Zwi, A. B., & Lozano, R.. (Eds). (2002). *World report on violence and health*. Geneva: World Health Organization. **Available Online:**
http://www.who.int/violence_injury_prevention/violence.

Nagasako, Judy. (2004). Email correspondence from Judy Nagasako, Department of Education, Student Support Services Branch, to Nancy Marker: September 13, 2004.

Pak, Sandra. (2004). Personal communication with Sandra Pak, Planner, Maternal and Child Health Branch, State Department of Health with Nancy Marker, February, 2004.

Pateman, Beth. (2004). Personal communication with Beth Pateman, College of Education, University of Hawai'i with Therese Argoud. June, 2004.

Pearson nee Kingle, R.S. (2003). *Ka Leo O Na Keiki – The 2002 Hawai'i student alcohol, tobacco, and other drug use study (1987-2002). Hawai'i adolescent prevention and treatment needs assessment*. Kapolei, HI: Hawai'i Department of Health, Alcohol and Drug Abuse Division. **Available Online:**
<http://www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/adsurv.htm>

Powell K.E., Dahlberg, L., Friday, J., Mercy, J.A., Thornton T., & Crawford, S. (1996). Prevention of youth violence: rationale and characteristics of 15 evaluation projects. *American Journal of Preventive Medicine*. 1996;12(5):3-12.

Prevention Institute (2004). *Executive summary. Health for all: California's strategic approach to eliminating California's racial and ethnic health disparities*. (2004). Oakland, CA: Prevention Institute
Available Online: <http://www.preventioninstitute.org/healthdis/html>.

Seo, Melvin. (2004). Email correspondence from Melvin Seo, Department of Education Safety and Security Services, to Nancy Marker, September 13, 2004.

State of Hawai'i. Department of the Attorney General. (2003a). *Crime in Hawai'i*. Uniform Crime Reporting System. Honolulu, HI: Crime Prevention and Justice Assistance Division, Research and Statistics Services Branch 1990-2002 reports. **Available Online:** <http://www.cpja.ag.state.hi.us/rs/index.shtml>

State of Hawai'i Department of the Attorney General. (1999a). *Domestic violence and the criminal justice system in Hawai'i: Findings and recommendations for action made to the Legislature of the State of Hawai'i in response to 1999 House Concurrent Resolution No. 65, HD1*. Honolulu, HI: Department of the Attorney General, December 1999.

State of Hawai'i. Department of the Attorney General. (1999b). *Domestic Violence-Related Murders in Hawai'i*. Honolulu, HI: Crime Prevention and Justice Assistance Division, Research and Statistics Services Branch. **Available Online:** <http://www.cpja.ag.state.hi.us/rs/misc/DV-hom.shtml>

State of Hawai'i. Department of the Attorney General. (2002). Criminal Justice Research Roundtable. *Meeting reports*. **Available Online:** <http://cpja.ag.state.hi.us/rs/cjrr/index.shtml>

State of Hawai'i. Department of the Attorney General (2003b).. *Hate Crimes in Hawai'i, 2002*. Criminal Justice Data Brief. Honolulu, HI: Crime Prevention and Justice Assistance Division, Research and Statistics Branch. February, 2003. **Available Online:** <http://www.cpja.ag.state.hi.us>

State of Hawai'i. Department of the Attorney General (2004c). *Hate Crimes in Hawai'i, 2003*. Criminal Justice Data Brief. Honolulu, HI: Crime Prevention and Justice Assistance Division, Research and Statistics Branch. April, 2004. **Available Online:** <http://www.cpja.ag.state.hi.us>

State of Hawai'i. Department of the Attorney General. (2004b). *Sexual Assault Victims in Honolulu: A Statistical Profile*. Honolulu, HI. Crime Prevention and Justice Assistance Division, Research and Statistics Branch. **Available Online:** <http://www.cpja.ag.state.hi.us>

State of Hawai'i. Department of the Attorney General, (2004a). *State of Hawai'i strategic plan for the S.T.O.P. violence against women formula grant, FY 2003*. State Department of the Attorney General, Crime Prevention and Justice Assistance Division. Grants and Planning Branch. Honolulu, HI: Department of the Attorney General. **Available Online:** <ftp://ftp.cpja.ag.state.hi.us/users/crs/pub/vawa03.pdf>

State of Hawai'i. Department of the Attorney General (2001). *Workplace violence: Prevention, intervention and recovery*. Honolulu, HI: Crime Prevention and Justice Assistance Division.

State of Hawai'i. Department of Business and Economic Development and Tourism. Research and Statistics Branch. *Table 2 Hawai'i Population Estimates by Age and Sex: April 1, 2000 to July 1, 2002*. Honolulu, HI. **Available Online:** <http://www.hawaii.gov/dbedt/popest/st-est2002-asro-02-15.pdf>

State of Hawai'i. Department of Health (2001). *Hawai'i state incentive grant youth substance abuse prevention strategy*. Kapolei, HI: Alcohol and Drug Abuse Division.

State of Hawai'i. Department of Health (2003). *Implementing the youth substance abuse prevention strategy*. Paper for State Incentive Grants implementation. Kapolei, HI: August, 2003.

State of Hawai'i. Department of Human Services, (2002). *Adult Protective Services, Annual Report*. Honolulu: HI

State of Hawai'i. Department of Human Services. (2004a). *Children and family services plan summary. FY 2000-2004*. Honolulu, HI: Department of Human Services.

State of Hawai'i Department of Human Services (2004b). *Hawai'i program improvement plan: child and family services review*. Honolulu, HI: State of Hawai'i. **Available Online:** <http://www.hawaii.gov/dhs/cfsr/Revised%20Hawaii%20PIP%20Overview%206-21-04.pdf>

State of Hawai'i. Department of Human Services. (2003). *Report on Fiscal Year 2002*. [Taken from Adult Protective Services data, 1990-2000]. Honolulu, HI: Department of Human Services. **Available Online:** www.hawaii.gov/DHS/DHS%20STORYBOOK%202002%20FINAL.PDF

State of Hawai'i. Department of Labor and Industrial Relations. (2003). *Workers' compensation data book 2002*. Honolulu, HI: Research and Statistics Office. **Available Online:** <http://www.loihi.state.hi.us/>

State of Hawai'i. Departments of Health and Human Services. (2004). *SCR 13 Task Force Preliminary Work Plan*, [Internal Working Document] Honolulu, HI. January 29, 2004.

Stone, Brandon. (2004). Email statement from Brandon Stone, Management Analyst for the Honolulu Police Department's Chief of Police, to Nancy Marker, May, 2004.

Teaster, Pamela B. (2003). Washington, DC: National Center on Elder Abuse. **Available Online:** <http://www.elderabusecenter.org>

Tjaden, P. & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: findings from the national violence against women survey. National Institute of Justice. US Department of Justice. NCJ 183781. **Available Online:** <http://www.ncjrs.org/pdffiles1/nij/183781.pdf>

U.S. Census. Bureau of the Census. Population Division. population estimates for counties by age and sex, 1990 through 2000. **Available Online:** http://eire.census.gov/popest/estimates_dataset.php
"Intercensal estimates by demographic characteristics (1990-1999)."

U.S. Department of Health and Human Services, Administration of Children, Youth, and Families Child Trends Data Bank. (2003b). *Cross currents*. Issue 1. August, 2003. Publication # 2003-15 ISBN #0-932359-06-X **Available Online:** <http://www.childtrendsdatabank.org>

U.S. Department of Health and Human Services, Administration of Children, Youth, and Families. (2004). Child Trends Data Bank. *Child maltreatment*. March 15, 2004. **Available Online:** <http://www.childtrendsdatabank.org/indicators/40ChildMaltreatment.cfm>

U.S. Department of Health and Human Services. Administration of Children and Families. (2003a). *Final report Hawai'i child and family services review*. Final draft with executive summary. October 22, 2003.

U.S. Department of Health and Human Services (2001). *Youth violence: A report of the surgeon general*. Rockville, MD: U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health. **Available Online:** <http://www.surgeongeneral.gov/library/youthviolence>.

U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal and Occupational Injuries. **Available Online:** <http://stats.bls.gov>, <http://www.stats.bls.gov/pub/osh/2000/apr/wk2/art03.htm>

Vandersloot, D. & Song, V., (2002). *Hawai'i prevention needs assessment: Family of studies: integrative findings final report*. Honolulu, HI: State of Hawai'i Department of Health, Alcohol and Drug Abuse Division.

Violence Prevention Consortium and Hawai'i Commission on the Status of Women. (2001) *Seeds of peace for today & tomorrow. Demonstration project components for Hawai'i school-based violence prevention curriculum development & integration*. Honolulu, HI: Violence Prevention Curriculum Initiative September 2001.

Werner, E.E., Bierman, J.M., & French, F.E. (1971). *The children of Kauai; a longitudinal study from the prenatal period to age ten*. Honolulu, HI: University of Hawai'i Press.

Werner, E. E. & Smith, R.S. (1977). *Kauai's children come of age*. Honolulu, HI: University of Hawai'i Press.

Wong, Anthony. (2004). Personal communication with Anthony Wong, Grants Planning Branch, Crime Prevention and Justice Assistance Division, Department of the Attorney General. June, 2004.

Appendix A

Approach and Methodology

The initial work to produce this report began with discussions on the desired use and outcomes for the report. The next step was to review similar reports from other states and national organizations and the inventory of Hawai'i's resources on statistics and policy issues related to violence prevention. The work was divided between the identification and compilation of both status indicators (data) and policy indicators. Simultaneously, individuals with knowledge of violence in Hawai'i, expertise or experience with a specific area of violence such as child or elder abuse, familiarity with relevant research and/or data, and other areas of expertise or useful perspectives on these subjects were identified. Eventually, several of those individuals were asked to serve on an Advisory Group to help the researchers determine how to use and report the data, policy, and program issues. (see list of Advisory Group members in Appendix I).

For the status indicators section, the first step entailed a review of several indicators from other reports or web sites.⁴⁸ Next, the Advisory Group reviewed approximately 30 status indicators typically chosen to measure violence and safety and grouped them within the typology of self-directed, interpersonal and collective types of violence. The authors then studied the availability and credibility of the data and presented their findings at the next Advisory Group meeting. Discussion continued on which were the most credible indicators for this report. Requests were made to agencies to obtain what wasn't easily accessible, and inquiries were made to better understand why some should or should not be selected. Of great concern was which indicators should be eliminated because they did not represent prevention efforts or their validity was questionable or problematic. (Appendix B discusses problematic data issues with both those selected and those considered but not selected.) An even greater concern was that adequate measures for certain types of violence did not exist. Finally, a Data Committee, comprised of researchers and statisticians from the Advisory Group, selected the 12 indicators. A list of considered indicators is found in Appendix D. Together, the 12 status indicators are intended to form a foundation, but not nearly a complete picture, of the extent of violence and perceptions of violence in Hawai'i.

In preparing the recommendations section, key informant interviews were conducted, and two sessions were held with the Advisory Group. The Group members and those interviewed in person and on the phone described issues surrounding current violence prevention efforts and approaches. An extensive literature review complemented these consultations. Various approaches to analyzing the policy issues, strategies, and programs were considered, and, ultimately, the decision was reached to use the recommendations from the World report as the framework for the policy indicators section.

⁴⁸ One of the first sources used was the University of Hawai'i's Center on the Family's Data Center due to its wide variety of health and well-being social indicators.

Appendix B

Data Documentation Notes

Child Abuse and Neglect

After struggling for some time to identify credible statistics on child abuse and neglect for both Hawai'i and the nation, a final decision was reached to exclude them in this Status report. Regrettably, omission of this critical information about the abuse--viewed by some to have the most serious, long term impact on health and well being --is an example of the difficulties of measuring the extent of violence. (U.S. Department of Health and Human Services, 2003b)

The major source of national data is the National Child Abuse and Neglect Data System (NCANDS), where rates are substantially smaller than the actual incidence in the population (U.S. Department of Health and Human Services, 2004). Additionally, the way these data are collected is not comparable with how Hawai'i collects and reports statistics on child maltreatment. Therefore, the Data Committee determined that charts of unduplicated reported rates for Hawai'i would have little meaning. The Advisory Group also strongly believed that unduplicated confirmed rates provided by Hawai'i's Department of Human Services (DHS) in annual reports greatly underestimates the true extent of the problem. Data from the Child Welfare Services in the DHS are not comparable from year to year since changes were made to the definition of abuse and neglect and to the methods used for classification. This all makes using the tables from the DHS annual reports quite problematic ⁴⁹

Beginning in 2005, all states will be reporting their child maltreatment statistics in a standardized manner. Unlike national reporting, Hawai'i counts reports of threatened harm in their total number of abuse reports. Identification of the offender also complicates the reporting since sexual abuse by a non-family member is not defined as sexual abuse in DHS reporting when maltreatment or risk of maltreatment could not be substantiated, but there was reason to suspect maltreatment or risk of maltreatment. Specifically, in 1999, Hawai'i began using a new risk assessment tool to guide risk determination. In 2002, the state began offering diversion services, referred to as a "differentiated response system" for families who were assessed as low risk and low-moderate risk, causing diverted cases to not be counted in the confirmed rate. Another change is that before 1999, the number of abused children was based on the report date while starting in 2000 the number was based on the disposition date (Pak, 2004).

Violence Against Women

Indicators for intimate partner violence and sexual assault posed similar problems. Again, this left our research team without a means of presenting a true picture of serious interpersonal violence, especially in violence against women. A finding for self-reported intimate partner violence in Hawai'i in 2001 and national and state trends for reports of forcible rape from 1990-2002 were the two indicators eventually selected as status indicators for the report.

⁴⁹ Readers who would like to know the number of confirmed cases of child maltreatment in Hawai'i, may refer to the UH Center on the Family Data Center and Healthy Hawai'i 2010's Outcomes Institute. Both use number of confirmed cases of child abuse and neglect for children less than 18 years of age per 10,000 population under age 18. A full explanation of the national statistical system for child maltreatment may be found at Child Trends Data Bank, U.S. Department of Health and Human Services.

The Behavioral Risk Factors Surveillance System (BRFSS) monitors risk behaviors associated with the leading causes of injury and death among Americans 18 years and older. The survey, conducted by Hawai'i's Department of Health consists of standard questions the Centers for Disease Control and Prevention (CDC) developed to facilitate state-by-state comparisons. States can add questions at an additional cost.

The one status indicator for intimate partner violence in this report was from a question not asked in the same way or at all in previous years. Starting in 2005, the BRFSS will have standardized questions and Hawai'i will participate with the use of six or seven questions on intimate partner violence and sexual assaults, paid for by the Maternal and Child Health Branch of the Department of Health.

The Advisory Group agreed that reliance on reports made to the police or arrests would not be a fair estimate of the problem of intimate partner violence. Most were also not satisfied with police statistics on sexual assault. Forcible rape is too narrowly defined, according to professionals working with victims. However, since each state has its own statutory definition of forcible rape, the Uniform Crime Reporting system does provide the ability for state level comparisons of forcible rape, even if it is narrowly defined.

A 2004 Attorney General's Strategic Plan for the S.T.O.P. Violence Against Women Formula Grant, FY 2003, updated the demographic and criminal justice statistics relating to domestic violence and sexual assault, and described the use of the first two years of the S.T.O.P. grant funding (State of Hawai'i Department of the Attorney General, 2004a). It highlighted the difficulty in accurately assessing the extent of these types of violence. For example, domestic violence is classified under different kinds of offenses like the Abuse of Family and Household Members (HRS 709-906), felony assault, and misdemeanor harassment. The report provided trend data by county for reports for abuse of family and household members but does not provide a comparison to the rest of the nation.

The Attorney General has also reported domestic violence-related murders in Hawai'i from 1992-1998 (State of Hawai'i Department of the Attorney General, 1999b). The report cautions against comparisons with other jurisdictions, e.g., one city has a higher proportion of these murders than another or that domestic violence is more prevalent in certain cities. The rate per 100,000 residents in Hawai'i during this time period is provided but without a national comparison. The report also reminds readers of the lack of a firm definition for domestic violence as it applies in the Uniform Crime Reporting murder statistics. The findings in this report were not chosen for use as a status indicator.

In Hawai'i, the Department of Health (DOH), Department of Human Services (DHS), and the Judiciary all collect data for domestic violence programs they fund. Examples of attempts to measure domestic violence include shelter populations, requests for services, and calls to hotlines. Little data exist on the percentage of children who live in households where domestic violence occurs. Recently, the Hawai'i State Coalition Against Domestic Violence established a Data/Statistics Working Group to create a simple data collection form to be completed by member agencies although whether this has been implemented is unknown at this time.

For sexual assault reporting, a new report on victims by the Attorney General counts individuals who sought services from the Sex Assault Treatment Center (State of Hawai'i, Department of the Attorney General, 2004b). Although this data provides a helpful foundation, it does not serve to generalize profiles of victims or estimate the actual number of sexual assaults throughout the state.

The Data Committee also chose not to use the findings from the Youth Risk Behavior Survey on sexual assault.

Workplace Violence

The best sources of data for workplace violence come from records kept by the Bureau of Labor Statistics and the State's Department of Labor and Industrial Relations. Records on workers' compensation documents injuries due to assaults and violent acts. However, one caveat to this data is that not all jobs and workers are "covered" by workers' compensation. Only Hawai'i statistics were used as a status indicator in this report and rates were not computed. The Census of Fatal Occupational Injuries (CFOI) presents deaths that occur as a result of violent acts but the numbers for Hawai'i were small and variable and rates could not be computed for a comparison with national fatalities.

Nationally, one report by the Bureau states that the majority of homicides on the job are due to robberies.⁵⁰ One national resource on prevalence of workplace violence, risk and protective factors, and future directions for research and prevention is the 1996 *Violence in the Workplace* publication from the Department of Health and Human Services.⁵¹ In Hawai'i, the Department of the Attorney General and Hawai'i Community Foundation, aided by a Working Group, created a handbook "for those responsible for establishing workplace violence prevention, intervention, and response initiatives within their organizations" (State of Hawai'i Department of the Attorney General, 2001:1) however it did not provide prevalence rates

Elder Abuse

The reported cases of elder abuse from the state's Adult Protective Services were the best source of local data but no comparison was found for the nation (State of Hawai'i. Department of Human Services, 2002). There is also the concern that Hawai'i's report may not reflect the true extent of the problem. Hawai'i Revised Statute 349C-2 mandates reporting by certain professionals and encourages reporting by all others. Reports can be anonymous and remain confidential. The best attempt to collect data on adult protective services nationally was done in a 2000 survey by the National Center on Elder Abuse. All 50 states, DC and Guam answered some of the 60 questions including the number of reports received and investigated. (Hawai'i had 450 reports received and investigated and 213 substantiated that year) (Teaster, 2003).

Abuse of Persons with Disabilities

No Hawai'i data exist to document maltreatment of persons with disabilities. National estimated statistics presented by a disabilities service provider in 2004 show that people with disabilities compared to those without are 2-10 times more likely to experience abuse; report multiple incidents of abuse 74% per report; and report multiple perpetrators 61% of the time (Kamper, 2004).

Hate Crimes

Criminal Justice Data Briefs for both 2002 and 2003 are the sources for documentation of the prevalence of hate crimes in Hawai'i. The system, as clearly described in the briefs, began in January 2001. These annual reports provide definition and background on the crimes, as well as characteristics and the actual number of hate crimes reported for the year (State of Hawai'i. Department of the Attorney General, 2003b; 2004c). Since the reporting of hate crimes is new, it will take time for agencies as well as the public to understand and use the system. In 2002, there were two hate crimes reported and only one for 2003.

⁵⁰ <http://www.stats.bls.gov/opub/ted/2000/apr/wk2/art03.htm>

⁵¹ <http://www.cdc.gov/niosh/violcont.html>

Appendix C

Supplemental Information on Recommendation #1

Enhancing Data Capacity

Hawai'i Status and Examples

Health Department Data

Emergency department data will also be available soon, although there are limitations in the external-cause-of-injury coding in these data sources. Without complete injury coding, not all violence-related injuries can be identified in the data. At present, privacy concerns prevent the linking of these hospital datasets with other data. As with more than a third of other states, Hawai'i has yet to participate in the National Violent Death Reporting System, funded by the Centers for Disease Control and Prevention, because of lack of a cooperative agreement with other public agencies and services.

The Hawai'i Student Alcohol, Tobacco, and Other Drug Use Study

This is administered every two years in grades 6, 8, 10, and 12 in public and some private schools. The risk and protective factors questions have been analyzed by school community complex area (SCA) and are available on the U.H. Center on the Family's Data Center⁵² and in individual reports at the Department of Health web site.⁵³ The U.H. Youth Gang Project and others are currently using this dataset to study self-reported delinquency by SCA in order for community agencies to tailor their prevention work.

Hawai'i Outcomes Institute

The Department of Health established the Hawai'i Outcomes Institute for data handling, analysis, and reporting under the Healthy Hawai'i Initiative funded through the Tobacco Settlement Funds for health promotion and tobacco use prevention.⁵⁴ The Institute includes the Healthy Hawai'i 2010 data, data management training resources, and workgroups. The Institute partners with health-related agencies to use data to plan and evaluate health initiatives. Because the World Health Organization and CDC collaborate on the development of international health programs, the Hawai'i Outcomes Institute has the potential for establishing Hawai'i as an international center for public health research on community and systems change relating to chronic disease prevention.

Toward a Healthy Hawai'i 2010

The Injury Prevention and Control Program has set a lower target for homicide rates than the nation since Hawai'i is considerably below the national rate for homicide. Unless a state agency sets the target, there are no state-specific targets for those lower than the national one. However, since Hawai'i's rate for homicide is better than the national target, IPCP is considering setting a new target for Hawai'i in conjunction with the Injury Prevention Advisory Committee and Prevent Violence Hawaii, and other partners.

⁵² <http://www.uhfamilyhawaii.edu>

⁵³ <http://www.hawaii.gov/health/substance-abuse/prevention-treatment/study/community2003/>

⁵⁴ <http://www.hawaiioutcomes.org>

Juvenile Justice Information System

For juvenile justice data, the statewide Juvenile Justice Information System (JJIS), managed at the Department of the Attorney General, provides a mechanism whereby appropriate, relevant, accurate, complete, and timely juvenile justice information is captured, maintained, and accessed by juvenile justice agencies throughout the State of Hawai'i. Recently, approval was given to add a new Youth Level of Service Inventory (YLSI) for agency research purposes. More on the JJIS purpose and use is available on their web site.⁵⁵

⁵⁵ <http://cpja.ag.state.hi.us/jjis/index.shtml>

Appendix D

Selected Status Indicators and Not Selected Indicators

Selected Status Indicators

Self-Directed

- Suicide Deaths in Hawai'i and US, 1990-2002
- Youth Self Report – Attempted Suicide in Past 12 Months, 1993, 1995, 1997, 1999, 2001
- Adults Self Report—Considered, Made a Plan, and Attempted Suicide in Past 12 Months. Estimated percentage of adult population who attempted suicide, 2001

Interpersonal--Family/Partner and Community

- Homicide Deaths from Hawai'i and U.S., 1990-2002
- Reported Violent Crime in Hawai'i and the US, 1990-2002
- Reported Forcible Rapes in Hawai'i and US, 1990-2002
- Reports Investigated for Elder Abuse in Hawai'i, 1990-2002
- Youth Self-Report – Been in a Physical Fight in Past 12 Months, 1993, 1995, 1997, 1999, 2001
- Youth Self Report – Felt Too Unsafe to Go to School One or More Days in Past 30 Days, 1993, 1995, 1997, 1999, 2001
- Percentage of Workers Covered by Workers' Compensation with Reported Cases of Assault and Violent Acts on the Job in Hawai'i, 1993-2002
- Adults Self Report – Feel Safe in Neighborhood. Q. Is there an area where you live, that you are afraid to walk alone at night? 1999 and 2002.

Status Indicators—Considered and Not Selected and Why—

The project team studied each possible indicator and discussed criteria for selection with the Working Groups and Data Committee. The final selection of indicators for inclusion in this report was done in consultation with the Data Committee.

Why are some indicators not being used at this time? In most cases, it is because reliable national and local comparisons, trend data, or trend data are lacking. In other cases, it is not certain whether they will be collected in the future. Other causes are flaws in data collection, experts' opinions that the data misrepresents the "true" extent of the problem, and that indicators did not reflect what is being accomplished with prevention. The Committee chose to include what had the best potential for determining whether Hawai'i is doing better or worse in preventing violence in the future. It is hoped that future Status reports will be able to use more indicators.

This is the list of indicators not chosen for this first report and reasons for their exclusion:

Self Directed

- Youths' suicidal thoughts--considered and made a plan for suicide-- in YRBSS. It was decided to use suicide completions from death certificates and self-reported "attempted suicide in the past 12 months." They represented thoughts not actions. There is no known data on self-mutilation.

Interpersonal - Family/Partner

- Arrests for domestic violence – As with “reports,” arrests are combined with other violent acts in Offense Against Family Member and do not include non-family members. One suggested data source is the number of individuals served in domestic violence-related programs and the numbers “turned away.” Still, this statistic is also inadequate since it only captures those requesting services.
- Confirmed child abuse and neglect reports. According to professionals in this area, they do not represent the true nature of the problem (see Appendix B). The data definitions and collection methods are not standardized across definitions and data collection procedures tend to change over time.
- Reported child abuse and neglect. This comes closer to representing the true nature of the problem than arrests. However, there are no national comparison data at this time. This measure is also affected by changes in reporting procedures.
- Reported or confirmed incidents of abuse against foster care children. These data are not collected regularly or systematically.

Interpersonal - Community

- Arrests for each of the violent offenses. Due to constraints on the size of this report, it was decided to use the reports of combined serious violent crimes rather than individual crime arrests. The intention was to use the crime data that was most focused on prevention. However, the authors concluded that both reports and arrests under-represent the actual criminal activity. There were concerns about subjectivity by officers when a determination is made between aggravated assaults and simple assaults, typically based on the extent of the injuries, and in the limitations in the definition of forcible rape.
- Feel Safe at School DOE School Quality Survey. This exists for 2002 only at this time and no national comparisons are available.
- Youth being in a physical fight (anywhere) in the past 12 months was the one indicator selected from the Youth Risk Behavior Survey on physical violence. Due to limitations on the size of this report, the following statistics from YRBSS were not selected: youth ever forced to have sexual intercourse; youth hit or threatened to be hit by boyfriend/girlfriend; youth physical fight on school property; and youth injured in fight on school property.
- Youth gangs. The only source is Honolulu Police Department's Hawai'i Gang Member Tracking System (HGMTS), a computer database of suspected gang members. The tracking isn't consistently entered in the database and infrequent record purging could inflate the number of gang members.
- Census of Fatal Occupational Injuries (CFOI) from assaults and violence acts. Data on Hawai'i and the nation were collected but Hawai'i numbers are so small that the indicator is easily influenced by just a few deaths.
- Violent incidents among incarcerated populations. It was decided that this was not an indicator of prevention. The focus of this first report is on the community in general, not on select populations such as those in institutions.
- Violence against the homeless. No known data exists.
- Violence against gay, lesbian, bi-sexual and trans-gendered. Sources of injury data do not include information on sexual orientation. For suicide--believed to be a greater risk for these youth--the information is not collected systematically in autopsy reviews of suicide records. Reports of hate crime violence began to be collected in 2002.
- Violence against the disabled. Data are not available at the state and national level.
- Chapter 19 school behavior incident data. The validity of the physical violent incidents data was questioned due to school officials' decisions for reporting. Professionals in the area suspect that it does not reflect the actual level of violence on campus.
- Road rage. Data are not collected systematically or routinely.

Collective – Generally, this category is not the focus of this report.

- Capital punishment does not exist in Hawai'i.
- Hate Crimes. Attorney General collected data first in 2002 and again in 2003. The community needs to become familiar with reporting and identifying hate crimes in order for it to be reliable. More years of data collection are needed.

Risk and Protective Factors

Research findings linking violence with both risk and protective factors could not be identified for the State of Hawai'i. As this report goes to press, the Asian/Pacific Islander Youth Violence Prevention Center research on youth violence and risk and protective factors is nearing completion. The Department of Health's student use survey on substance abuse is currently producing new analyses, but proof of how (and which) protective factors buffer youth in Hawai'i from violent behavior has not been published.⁵⁶

⁵⁶ As of June, 2004, the relationship of risk factors by antisocial behaviors such as "attack with intention to harm," "carry a handgun," "carry a handgun to school," and "gang involvement" from 2000 and 2002 by State, by District and by School/Community Areas (SCAs) is on the Department of Health's web site.

Appendix E

Recommended Violence Data Sources

Hawai'i Violence-Related Data Sources

Hawai'i Violence-Related Data Sources

Asian/Pacific Islander Youth Violence Prevention Center, University of Hawai'i at Mānoa, Department of Psychiatry. <http://www.api-center.org>

Behavioral Risk Survey <http://www.hawaii.gov/health/statistics/brfss/index.html>

Center on the Family. University of Hawai'i at Mānoa. Data Center includes community risk and protection profiles, social indicators for safety and risky behaviors and Kids Count. <http://www.uhfamily.hawaii.edu>

Harvard School of Public Health. *Violence Prevention in the State of Hawai'i* (1995). A Report Commissioned by the Queen's International Corporation. Prepared by the Harvard School of Public Health, Public Health Practice Initiative, under the direction of Dr. Deborah Prothrow-Stith

Hawai'i Health Survey- Survey results 1998-2001. <http://www.state.hi.us/doh/stats/surveys/hhs.html>

Hawai'i State Data Center: Department of Business, Economic Development, and Tourism. State of Hawai'i. http://www2.hawaii.gov/dbedt/index.cfm?section=statistics_and_economic_information_242

Hawai'i State Department of the Attorney General. Crime Prevention and Justice Assistance Division <http://www.cpja.ag.state.hi.us/rs/index.shtml>

Hawai'i State Department of Education:
<http://arch.k12.hi.us/school/ssir/default.html>. School Status and Improvement Reports including Class A, B, C, D, offenses and student safety and well-being survey results.
<http://arch.k12.hi.us/system/report/default.html> Superintendent's Annual Report
<http://arch.k12.hi.us/school/sqs/default.html> School Quality Survey

Hawai'i State Department of Health. Alcohol and Drug Abuse Division 2002 Student Substance Abuse Study Reports (for years 1996, 1998, 2000, 2002)
<http://www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/adsurv.htm>
For individual community level data from this survey by 42 School/Community Areas including questions on violence-related behavior:
<http://www.hawaii.gov/health/substance-abuse/prevention-treatment/study/community2003/index.htm>

Hawai'i State Department of Health, Injury Prevention and Control Program
<http://www.hawaii.gov/health/healthy-lifestyles/injury-prevention> injury and death statistics
Call (808) 586-5940.

Hawai'i State Department of Human Services
Child and Family Services Review <http://www.hawaii.gov/dhs>
Adult Protective Services
<http://www.hawaii.gov/dhs/Adult%20Protective%20Services.pdf>
Child Protective Services Child Abuse and Neglect statistics annual reports (1998, 2000, 2001, 2002)
Online: <http://www.hawaii.gov/dhs>. The 2002 report website address:
<http://www.hawaii.gov/dhs/2002%20can%20report.pdf>

Hawai'i State Department of Labor and Industrial Relations
<http://www.state.hi.us/dlir/rs/loihi/> (Labor and Occupational Information Hawai'i)
<http://www.state.hi.us/dlir/rs/loihi/OMI/WC/WCDATABK.HTM> (Workers' Compensation Data Book)

Hawai'i Informed Prevention System (HIPS) Curriculum Research and Development Group. University of Hawai'i at Mānoa. <http://www.hawaii.edu/hips>

Hawai'i State Coalition Against Domestic Violence (statistics) <http://www.hscadv.org/stats/general.asp>

Health Trends in Hawai'i <http://www.healthtrends.org>

Injury Prevention and Control Program, Department of Health.
www.hawaii.gov/health/healthy-lifestyles/injury-prevention

Kids' Count at UH Center on the Family and Annie E. Casey Foundation.
<http://www.uhfamily.hawaii.edu/kidscount>, <http://www.aecf.org/>

Native Hawaiian Library Data Resource Center at Alu Like <http://www.alulike.org/library.htm>

Office of Hawaiian Affairs Native Hawaiian Data Book <http://www.oha.org/>

Pacific Data Center at Pacific Research and Educational Learning (PREL) <http://pdc.prel.org/>

Social Science Research Institute. University of Hawai'i at Mānoa. <http://www.ssri.hawaii.edu/>

Vital Statistics. Department of Health. State of Hawai'i
<http://www.hawaii.gov/health/statistics/vital-statistics/index.html>

Youth Risk Behavior Survey (YRBS)
<http://www.health/statistics/other-reports/schoolhealthsurveys00-02.pdf>
National reporting of Hawai'i's findings at <http://apps.nccd.cdc.gov/nccdphp/dash/yrbs>

National Violence-Related Prevention Sources

American Association of Suicidology <http://www.cyberpsych.org.aas/index.htm>

American Foundation for Suicide Prevention <http://www.asfnet.org>

Annie E. Casey Foundation Kids' Count [databook online] <http://www.aecf.org/kidscount/databook/>

Building Safe Communities <http://www.edc.org/HHD/csn.bsc>

U.S. Department of Justice, Office of Justice Programs.
Bureau of Justice Statistics <http://www.ojp.usdoj.gov/bjs>

Bureau of Labor Statistics/Safety and Health Statistics <http://www.bls.gov/oshhome.htm>
Center for the Advanced Study of Public Safety and Injury Prevention
http://www.albany.edu/sph/injury_3.html

Center for the Study and Prevention of Violence <http://www.colorado.edu/cspv/>

Centers for Disease Control and Prevention (home and special reports web addresses)
<http://www.cdc.gov>

Healthy People 2010 – Injury and Violence Prevention
<http://www.cdc.gov/nchs/about/otheract/hpdata2010/focusareas/fal5-injury.htm>
YRBSS: Youth Risk Behavior Surveillance System
<http://www.cdc.gov/HealthyYouth/YRBS/>

Centers for the Application of Prevention Technology <http://www.captus.org>

Children's Safety Network - National Injury and Violence Prevention Resource Center
<http://www.edc.org/HHD/CSN>

Colorado Anti-Bullying Project <http://www.no-bully.com/>

Early Prevention of Violence Database (Great Lakes Area Regional Resource Center)
<http://www.csnp.ohio-state.edu/glarrc/vpdb.htm>

Family Violence Prevention Fund <http://endabuse.org/>
<http://www.igc.apc.org/fund>
(includes State-by-State report card on Health Care Laws and Domestic Violence).

Family Violence Prevention and Services Program
U.S. Administration of Children and Families, U.S. Department of Health and Human Services.
<http://www.acf.dhhs.gov/programs/ocs/OIcomply/famvio.htm>

Harvard University Injury Control Research Center
<http://www.hsph.harvard.edu/Organizations/hcra/hicc.html>

Injury Prevention Web – Preventing Injuries by Disseminating Information <http://www.injuryprevention.org>

Injury Control Resources Information Network <http://www.injurycontrol.com/icrin/index.html#index>

International Society for Child and Adolescent Injury Prevention
<http://weber.u.washington.edu.80/~hiprc/iscaip.html>

Johns Hopkins Center for Injury Prevention and Research and Policy
<http://www.jhsph.edu/Research/Centers/CIRP>

JOIN TOGETHER (community substance use and gun violence programs)
<http://www.jointogether.org>

National Center for Elder Abuse
www.elderabusecenter.org (2000 survey of adult protective services)

National Center for Injury Prevention and Control (CDC) <http://www.cdc.gov/ncipc>
<http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm> (facts on intimate partner violence)
Costs of Intimate Partner Violence Against Women in the United States. Atlanta (GA): Centers for Disease Control and Prevention; 2003. [Online]. Available http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm.

National Institutes of Health <http://www.nih.gov>

National Youth Violence Prevention Resource Center (NYVPRC) www.safeyouth.org

PAVNET Online - Partnerships Against Violence Network <http://www.pavnet.org/>

Prevention Institute <http://www.preventioninstitute.org>

Southern California Injury Prevention Research Center <http://www.ph.ucla.edu/sciprc/sciprc1.htm>

Stop Bullying Now <http://www.stopbullyingnow.com>

Trauma Foundation at San Francisco General Hospital <http://www.traumafdn.org>

U.S. Department of Education <http://www.ed.gov>

U.S. Department of Health and Human Services <http://hhs.gov>

U.S. Department of Health and Human Services. Administration on Children, Youth and Families. Child Maltreatment 2002: Reports from the States to the National Child Abuse and Neglect Data System
<http://www.acf.hhs.gov/programs/cb/publications/cm02/index.htm>

U.S. Department of Health and Human Services (2001). Youth Violence: A Report of the Surgeon General. <http://www.surgeongeneral.gov/library/youthviolence>

U.S. Department of Justice-Office of Violence Against Women <http://www.ojp.usdoj.gov/vawol>

U.S. Department of Labor (Safety and Health) <http://www.dol.gov/dol/asp/public/fibre/osha.htm>

Youth Violence Prevention (HUD and CDC) <http://www.spartacc.com/prevent/violence.html>

Appendix F

Recommended Prevention Sources

Hawai'i Prevention Sources

Hawai'i Prevention Sources

Aloha United Way 211 (searchable by category area such as Adult Protective Services, Anger Management, Child Abuse Prevention, Counseling, Child Abuse Counseling, Sexual Assault, Gang Programs, Sexual Assault Prevention, Support Groups, Domestic Violence). <http://www.auw.org/211>

Asian/Pacific Islander Youth Violence Prevention Center <http://www.api-center.org>

Coalition for a Drug Free Hawai'i. <http://www.drugfreehawaii.org/>

Domestic Violence Clearinghouse and Legal Hotline <http://www.stoptheviolence.org/welcome/>

Good Beginnings Alliance <http://www.goodbeginnings.org>

Hawai'i Informed Prevention System (HIPS) Curriculum Research and Development Group. University of Hawai'i at Mānoa. <http://www.hawaii.edu/hips>

Hawai'i Outcomes Institute <http://hawaiioutcomes.org/>

Hawai'i State Coalition on Domestic Violence <http://www.gscadv.org>

Hawai'i State Department of the Attorney General <http://www.hawaii.gov/ag>

Hawai'i State Department of Education - Safe and Drugs Free Schools and Communities Program
<http://t3.k12.hi.us/t301-02/murakami/drug/drug/>
<http://doe.k12.hi.us/programs/csss.htm> - Comprehensive Student Support System

Hawai'i State Department of Health - Alcohol and Drug Abuse Division
<http://www.hawaii.gov/health/substance-abuse/>

Hawai'i State Department of Health- Injury Prevention and Control Program
<http://www.hawaii.gov/health/healthy-lifestyles/injury-prevention>

Hawai'i State Department of Health-Maternal and Child Health Branch
<http://www.hawaii.gov/health/family-child-health/mchb/index.html>

Hawai'i State Department of Human Services <http://www.hawaii.gov/dhs>

Hawai'i Youth Services Network. <http://www.hysn.org/>

Health Trends <http://www.hhic.org/>
<http://www.hhic.org/healthtrends.html> (no indicators on violence)

Kamehameha Schools/Bishop Estate Health and Wellness Program - E Olapono
<http://www.eolapono.ksbe.edu/>
<http://extension.ksbe.edu/eolapono/materials/index.html>
<http://extension.ksbe.edu/eolapono/materials/index.html#resource>

Keiki Injury Prevention Coalition/SAFE KIDS Hawai'i (KIPC) <http://www.kipchawaii.org/>

Local Prevention Programs and Services
Searchable database of partial Community Prevention Resource Assessment component of the Hawai'i Prevention Needs Assessment: Family of Studies. U.H. Social Science Research Institute.
http://www.uhfamily.hawaii.edu/Cof_Data/drug_prevention_sig/programs_services.asp

Pacific Research and Educational Learning (PREL) <http://www.prel.org>

Prevent Child Abuse Hawai'i www.preventchildabusehawaii.org

Prevent Violence Hawaii <http://www.preventviolencehawaii.org>

Sex Abuse Treatment Center <http://www.kapiolani.org/facilities/programs-sex.html>

Toward a Healthy Hawai'i 2010 <http://www.healthyhawaii2010.org/>

West CAPT (Center for Applied Prevention Technologies) <http://casat.unr.edu/westcapt/>

National Prevention Sources

Center for Substance Abuse Prevention <http://www.samhsa.gov/csap>

Center for Substance Abuse Research (CESAR) at the University of Maryland College Park
<http://www.cesar.umd.edu>

Center to Prevent Handgun Violence, <http://www.cphv.com/>

Children's Defense Fund-Gun Violence Prevention Program <http://www.childrensdefense.org/>

Children's Safety Network <http://www.childrenssafetynetwork.org/>

Department of Health and Human Services. Administration for Children and Families
<http://www.acf.dhhs.gov/>

Guide to Community Preventive Services: Systematic Reviews and Evidence Based Recommendations.
(non-government task force convened by the CDC). <http://www.thecommunityguide.org>

Harvard School of Public Health. Division of Public Health Practice Violence Prevention Program
<http://www.hsph.harvard.edu/php/pri/vpp/home.html>

Healthy People 2010 <http://www.healthypeople.gov/>

National Association of Injury Control Research Centers (NAICRC) <http://www.naicrc.org/>

National Campaign to Reduce Youth Violence (WNET-TV, New York)
<http://www.violencepreventionweek.org/index.html>

National Center for State Courts, Knowledge and Information Services Office.
(Best or Promising Practices for Family Violence: Reference List.)
http://www.ncsconline.org/WC/Education/KIS_FamVioBestGuide.pdf

National Centers for the Application of Prevention Technologies (CAPT) <http://www.captus.org>

National Clearinghouse on Child Abuse and Neglect Information <http://nccanch.acf.hhs.gov/>

National Training Initiative for Injury and Violence Prevention (NTI) <http://www.injuryed.org/>

National Crime Prevention Council. <http://www.ncpc.org>
Embedding Prevention in State Policy and Practice. <http://www.ncpc.org/embedding>
<http://www.ncpc.org/ncpc/ncpc/?pg=5882-2282-2604-5414> (PDF file)

National Institute for Occupational Safety and Health <http://www.cdc.gov/niosh/homepage.html>

National Youth Gang Center <http://www.iir.com/nygc/>

PREVENT (Preventing Violence Through Education, Networking and Technical Assistance)
<http://www.sph/unc.edu/nciph/prevent>

The Prevention Connection <http://www.oslc.org/spr/apal/home.html>

Prevention First, Inc. <http://www.prevention.org/>

Prevention Primer <http://www.health.org/govpubs/phd627/toc.aspx>

Safe and Drug Free Schools Program <http://www.ed.gov/about/offices/list/osdfs/index.html?src=oc>

Social Development Research Group <http://depts.washington.edu/sdrg/>

Substance Abuse and Mental Health Services Administrative (SAMHSA) Data Archive
<http://www.icpsr.umich.edu/SAMHDA/>

Suicide Prevention Resource Center <http://www.sprc.org>

Substance Abuse and Mental Health Services Administration (SAMHSA) <http://www.samhsa.gov>

Violence Policy Center, Washington, DC (202) 822-8200 <http://www.vpc.org>

Women of Color Health Data Book <http://www.4woman.gov/owh/pub/woc>

Recommended Recent Publications on Prevention

Christoffel, Tom & Gallagher, S.S. (1999). *Injury prevention and public health. practical knowledge, skills and strategies*. Gathersburg, MD: Aspen Publishers, Inc.

Prothrow-Stith, D., & Spivak, H. (2003). *Murder is no accident: understanding and preventing youth violence in America*. Hoboken, NJ: John Wiley & Sons

Thornton TN, Craft C.A., Dahlberg, L.L., Lynch B.S., & Baer, K. (2002). *Best practices of youth violence prevention: A sourcebook for community action*. (Rev.). Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

Ballard, D., Elliott D., Fagan, A., Irwin K., & Mihalic, S. (2004). *Successful program implementation: Lessons from blueprints*. Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention July 2004 Bulletin. (NCJ 204273) 12 pages. **Available Online:**
<http://ojjdp.ncjrs.org/publications/PubAbstract.asp?pubi=11719>

Ballard, D., Elliott D., Fagan, A., Irwin K., & Mihalic, S. (2004). *Blueprints for Violence Prevention*. Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention July 2004 Report, (NCJ 204274) 180 pages. **Available Online:** <http://ojjdp.ncjrs.org/publications/PubAbstract.asp?pubi=11721>

Cohen, Larry & Erlenborn, J. (2001). *Cultivating peace in Salinas: A framework for violence prevention*.
Available Online: <http://www.preventioninstitute.org/salinas.html>

Cohen, L. & Swift, S. A public health approach to the violence epidemic in the United States. *Environment and Urbanization* (October 1993;5:50-66), a publication of the International Institute of Environment and Development. **Available Online:** <http://www.preventioninstitute.org/violence.html>

Cohen, L. & Swift, S. Spectrum of prevention: Developing a comprehensive approach to injury prevention. *Injury Prevention* (1999;5:203-207), a publication of the BMJ Publishing Group.

Davis, R., Baxi, S. & Cohen, L. (2002). *Shifting the focus: Interdisciplinary collaboration to advance violence prevention in California*. Accomplishments and lessons learned. Oakland, CA: Prevention Institute.

Available Online: http://www.preventioninstitute.org/spectrum_injury.html

Hawai'i Recent Prevention-Related Reports

Hamnett, M., Song, V., Marker, N., Wong N., Freitas, A., Witeck L.H., and Pusateri, G. *Hawai'i prevention needs assessment: Family of studies. Community prevention resource assessment: Program assessment* Social Science Research Institute, University of Hawai'i at Mānoa. Honolulu, HI: 2001

Hamnett, M., Knox, J., Boido, M.A. & Hamnett, M.A. *Hawai'i needs assessment: Family of studies. Technical final report for social indicators study*, Social Science Research Institute, University of Hawai'i at Mānoa. Honolulu, HI: 2002.

Hawai'i State Department of the Attorney General. *State of Hawai'i strategic plan for the S.T.O.P. violence against women formula grant FY2003*. Crime Prevention and Justice Assistance Division. Grants and Planning Branch. Honolulu, Hawai'i. January 2004. Reports at same site for 2001, 2002, 2003.

Available Online: <ftp://ftp.cpja.ag.state.hi.us/users/crs/pub/vawa03.pdf> (In PDF format)

Pearson, R.S. nee Klinge. (2003) *Ka leo o na keiki. The 2002 Hawai'i student alcohol, tobacco, and other drug use study (1987-2002). Hawai'i adolescent prevention and treatment needs assessment*. University of Hawai'i at Mānoa Speech Department under contract by the Hawai'i Department of Health Alcohol and Drug Abuse Division, Kapolei, HI. **Available Online:**

<http://www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/adsurv.htm>

Salvail, F., *Intimate partner violence: The unspoken health threat*. Draft Report August 9, 2004. To be presented by F. Salvail, Hawai'i State Department of Health, at the 2004 National Conference on Domestic Violence and Health Care, October 22-23, 2004 in Boston, MA.

Vandersloot, D. & Song, V. (November, 2002). *Hawai'i prevention needs assessment: Family of studies. Integrative findings final report*. Hawai'i State Department of Health, Alcohol and Drug Abuse Division. Kapolei: HI.

Appendix G

Glossary of Violence Related Terms

(Number indicate sources noted at the end)

Aggravated Assault. An unlawful attack by one person upon another wherein the offenders uses a weapon or displays it in a threatening manner; or the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration, or loss of consciousness. Along with homicide, robbery and rape, one of the four violent crimes which make up the Part I Violent Crime Index. (1)

Assault. An unlawful attack by one person upon another. Includes Aggravated Assault (Part I Offense) and Other Assaults (Part II Offense). (1)

Assault, Other. Assaults and attempted assaults where no weapon was used or which did not result in serious or aggravated injury to the victim. Examples include simple assault, assault and battery, resisting or obstructing an officer, intimidation, coercion, and hazing. (1)

Attempted rape. Includes males and females, heterosexual and homosexual rapes, and verbal threats of rape. (2)

Bullying. The repeated exposure, over time, to negative actions from one or more students. Negative actions can include physical, verbal, or indirect actions that are intended to inflict injury or discomfort upon another. (3)

Child Abuse. "A physical injury which is inflicted by other than accidental means on a child by another person" (4). Child Abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, or negligent treatment of commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship, trust or power. (9)

Dating Violence. The perpetration or threat of an act of violence by at least one member of an unmarried couple on the other member within the context of dating or courtship. This violence encompasses any form of sexual assault, physical violence, and verbal or emotional abuse. (11)

Disabled Abuse (Abuse of a person with disabilities)

Abuse of a person with disabilities includes 1) emotional abuse—being threatened, terrorized, severely rejected, isolated, ignored, or verbally attacked; 2) physical abuse--any form of violence against one's body, such as being hit, kicked, restrained, or deprived of food or water; and, 3) sexual abuse is being forced, threatened, or deceived into sexual activities ranging from looking or touching to intercourse or rape. (9)

Domestic Violence (see Intimate Partner Violence)

Elder Abuse. A term referring to any knowing, intentional, or negligible act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Broadly defined, abuse may be physical, emotional or sexual and exploitation, neglect or abandonment. (4). It could include financial or other material maltreatment. When older age begins is not precisely defined. (9)

Forcible Rape. The carnal knowledge of a female forcibly and against her will. Assaults or attempts to commit rape by force or threat of force are also included. Statutory rape (without force), any sexual assaults against males, and other sex offenses are not included in this category (1)

Hate violence. Hate violence is defined as “any act of intimidation, harassment, physical force or threat of physical force directed against another person, or family, or their property, motivated either in whole or in part by hostility to their real or perceived race, ethnic background, national origin, religious belief, sex, age, disability, or sexual orientation, with the intention of causing fear or intimidation, or to deter the free exercise or enjoyment of any rights of privileges secured by the Constitution of the laws of the United States whether or not performed under color of law (4). In Hawai‘i, hate crime is defined as “any criminal act in which the perpetrator intentionally selected a victim, or in the case of a property crime, the property that was the object of a crime, because of hostility toward the actual or perceived race, religion, disability, ethnicity, national origin, gender identity or expression, or sexual orientation of any person (HRS 846-51). “Gender identity or expression” was added in Hawai‘i in 2003, but is not included at the federal level. (10)

Homicide. Fatal injury intentionally caused to one human being by another (2). The willful (non-negligent) killing of one human being by another: With robbery, aggravated assault, and rape, one of the four violent crimes which make up the Part I Violent Crime Index. (6)

Intimate Partner Violence. Actual or threatened physical or sexual violence or psychological and emotional abuse by an intimate partner (2). Includes current spouses (including common-law spouses); current non-marital partners (dating partners, including first date; boyfriends/girlfriends; former marital partners (divorced spouses, former common-law spouses, separated spouses; former non-marital partners (former dates and former boyfriends/girlfriends (these include heterosexual or same-sex). (7)

Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair-pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other object), and use of restraints or one's body, size or strength against another person. Physical violence also includes coercing other people to commit any of the above acts. (7).

Primary prevention. Approaches that aim to prevent violence before it occurs. (9).

Protective Factor. Personal characteristics or environmental conditions that reduce the potential harmful effect of a risk factor for violent behavior; characteristics that buffer or moderate the effect of risk. Protective factors are grouped into individual, family, school, peer group, and community domains. (6).

Rape. Forced sexual intercourse, including both psychological coercion and physical force. Forced sexual intercourse means vaginal, anal, or oral penetration by the offender(s) and includes incidents of penetration

by a foreign object. Also included are attempted rapes, male and female victims, and heterosexual and homosexual rape. (2)

Resiliency. Actions that demonstrate the personal characteristics or traits known as protective factors. Manifested competence in the context of significant challenges to adaptation or development. (2)

Risk factor. Personal characteristics or environmental conditions that increase the likelihood that a person will become violent but that may not actually cause a person to become violent. Risk factors are grouped into individual, family, school, peer group, and community domains. The more risk factors a person is exposed to, the greater the likelihood that he or she will become violent. (6)

Robbery. The taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or putting the victim(s) in fear. Along with homicide, aggravated assault, and rape, one of the four crimes which make up the Part I Violent Crime Index. (1)

Secondary prevention. Approaches that focus on the most immediate responses to violence, such as pre-hospital care, emergency services or treatment following an assault. (9)

Serious Violent Crime. (or index crime) Aggravated assault, robbery, rape and homicide. (6)

Sexual assault. A wide range of victimizations separate from rape and attempted rape. Included are attacks or attempted attacks of unwanted sexual contact between the victim and the offender that may or may not involve force; includes grabbing or fondling. Verbal threats are also included. (2) For Hawai'i, as defined in HRS 707-730: "The person knowingly subjects another person to an act of sexual penetration or sexual contact by strong compulsion."

Sexual violence. A sex act completed or attempted against a victim's will or when a victim is unable to consent due to age, illness, disability, or the influence of alcohol or other drugs. It may involve actual or threatened physical force, use of guns or other weapons, coercion, intimidation, or pressure. (11)

Suicide. Suicide is defined as any purposely self-inflicted injury that is fatal. (4)

Surveillance A type of research that establishes the nature of a health problem, describes its incidence and prevalence trends, and monitors its magnitude over time. Public health specialists use this information to determine appropriate prevention and intervention efforts. (6).

Tertiary prevention. Approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence. (9)

Uniform Crime Reporting (UCR) program. Operated by the FBI since the 1930's, the program monitors arrests made by law enforcement agencies across the United States and compiles annual arrest information. Also presents "reported offenses" for several serious crimes. (6)

Violence. The intentional use of physical force or power, threatened or actual, against another person or against oneself or against a group of people, that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. (9)

Violence Prevention. A comprehensive and multifaceted effort to address the common and multiple root factors associated with violence including, but not limited to, poverty, unemployment, discrimination, substance abuse, educational failure, fragmented families, domestic abuse, internalized shame and felt powerlessness. Efforts build on resiliency of individuals, families and communities. Violence prevention is distinct from violence containment or suppression. Violence prevention efforts contribute to empowerment, educational and economic progress, and improved life management skills while fostering institutions to be more inclusive and receptive in responding to community needs. Violence prevention efforts targeted towards young children work to prevent experience or witnessing violence when young as well as to reduce the risk of future perpetration and victimization of violence. (4)

Violent Crime Index. Includes the categories of murder, forcible rape, robbery, and aggravated assault. Sometimes also referred to as serious violent crime. (1).

Vulnerable population. Refers to children, elderly persons, and persons with disabilities (2).

Workplace Violence. Any physical assault, threatening behavior or verbal abuse occurring in the work setting. It includes but is not limited to beatings, stabbings, suicides, shootings, rapes, near suicides, psychological traumas such as threats, obscene phone calls, and intimidating presence, and harassment of any nature such as being followed, sworn at or shouted at (5).

Youth violence. Youth violence encompasses a range of types of violence in which young people engage in, including homicide and manslaughter; robbery, aggravated assault and forcible rape. Youth violence also encompasses school violence and gang violence. (4) Youth violence typically involves children, adolescents, and young adults between the ages of 10 and 24. The young person can be the victim, the perpetrator, or both. Youth violence includes aggressive behaviors such as verbal abuse, bullying, hitting, slapping, or fist fighting. Youth violence also includes serious violent and delinquent acts such as aggravated assault, robbery, rape, and homicide, committed by and against youth. (10)

Glossary Sources

(1) *Crime in Hawai'i*, Uniform Crime Reporting System
<http://cpja.ag.state.hi.us/rs/cih/index.shtml>

(2) Healthy People 2010
<http://www.healthypeople.gov>

(3) Blueprints for Violence Prevention, Bullying Prevention Program
<http://www.colorado.edu/cspv/blueprints/model/programs/BPP.html>

(4) Toward a Lifetime Commitment to Violence Prevention In Alameda County: Background and Preliminary Recommendations: The Value of a Strategic, Coordinated Approach to Violence Prevention)

(5) National Institute for Occupational Safety and Health

<http://www.cdc.gov/niosh/homepage.html>

(6) Youth Violence: A Report of the Surgeon General

<http://www.surgeongeneral.gov/library/youthviolence>

(7) From Intimate Partner Violence Surveillance, Uniform Definitions and Recommended Data Elements. Centers for Disease Control and Prevention. Atlanta, GA 2002. http://www.cdc.gov/ncipc/pub-res/ipv_surveillance/intimate.htm

(8) From Center for Research on Women with Disabilities <http://www.disabilityresources.org/ABUSE.html>

(9) World Report on Violence and Health

http://www.who.int/violence_injury_prevention/violence/world_report/en/

(10) *Hate Crimes in Hawai'i, 2002 and 2003*. Criminal Justice Data Brief. Honolulu, HI. February 2003.

<http://www.cpja.ag.state.hi.us>

(11) National Center for Injury Prevention and Control. Centers for Disease Control and Prevention.

<http://www.cdc.gov/ncipc/factsheets.svfacts.htm>

For an excellent glossary of Health Promotion terms, see the Health Promotions Glossary by the World Health Organization at www.wpro.who.int/hpr/docs/glossary.pdf (PDF format)

Appendix H

Description of Examples of Violence Prevention Programs In Hawai'i – Figure 2

Individual Approaches

Family Peace Center

Parents and Children Together

Offers domestic violence psycho-educational group and/or individual counseling to juvenile perpetrators of violence.

Teen Alert Program

Domestic Violence Clearinghouse and Legal Hotline

Three-session workshop series on healthy relationships and dating violence. Offered in school settings, after-school recreation, and youth group settings. It incorporates arts and culture-based material as well as a community action project.

Relationship Approaches

Hana Like Home Visitor Program

Parents and Children Together

Offers weekly home visiting for families to focus on positive parenting. Provides emotional support, teaches appropriate parenting skills and basic child development. Provides case management and referrals to other resources. Reduces parental isolation by encouraging participation in community or Hana Like group activities. Fathers' support program available. Families may receive services until child reaches three years of age.

Akamai Program

Honolulu Police Department

Aims to curb the rising rate of juvenile delinquency on Oahu and deter juveniles from coming into further contact with the juvenile justice system. Targets first time status offenders. Brings parents and their delinquent children together where various youth agencies and police provide juvenile law education, on-site counseling, parental skills training and self-esteem classes for youth.

Hawai'i Mentoring Program for Children of Prisoners

Hawai'i Youth Services Network in collaboration with five other organizations

Matches children who have an incarcerated parent with a caring adult mentor. Mentors support healthy child development by providing positive role models and helping to alleviate the grief and trauma that these children experience.

Community Approaches

Project Safe Place

Salvation Army Family Intervention Services

Recruits businesses, firehouses, agencies, etc. in the community as Safe Places, identified by easily recognized yellow and black diamond shaped signs. Any youth can go to a Safe Place for help. A trained worker will interview the youth to determine the immediate problem and act on the youth's behalf.

Kalihi YMCA Teen Program

Sponsors preventive program on youth gangs and drug activities. Provides alternative programs for youth aged 10 – 17 years old. Offers dance classes, study hall, camp, sports events and social activities.

Societal Approaches

Hawai'i State Commission on the Status of Women

Coordinates research, planning, programming and action on the needs, problems, opportunities and contributions of women in Hawai'i. Compiles and publishes data on legal and societal discrimination against women and girls. Advocates for policy change to improve the status of women and girls.

University of Hawai'i Spark Matsunaga Institute for Peace

Explores, develops and shares knowledge through teaching, research publications and public service. Offers seminars and speakers on peace.

Source: Judith Clark, Director, Hawai'i Youth Services Network.

Appendix I

Advisory Group Members

Chuck Braden, Waimanalo Health Clinic
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Debbie Goebert, UH Department of Psychiatry
Earl Hishinuma, UH Department of Psychiatry
Rosemary Joyce-Koga, Volunteer Advocate*
Kathy Kawamura, Department of Education*
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Debbie Morikawa, Prevent Violence Hawaii
Gabe Naeole, Pacific Resources for Education and Learning
Judy Nagasako, Department of Education
Jeffrey Owens, Training Consultant
Linda Rich, Salvation Army
Darlene Rodrigues, Domestic Violence Legal Clearinghouse and Hotline
Kathy Rothschild, Hawaiian Humane Society*
Haya Rubin, UH School of Medicine
Brandon Stone, Honolulu Police Department
Christine Trecker, Sex Abuse Treatment Center

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Judith Inazu

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* Individuals participated in the Education Committee, Unified Approach to Violence Prevention Consortium, that worked on the first phase of developing the Status Report in 2003.

Appendix J

Sample Survey on Hawai'i's Violence Prevention Efforts

Prevent Violence Hawaii, a non-profit organization, is working with the Injury Prevention Program in the Department of Health to develop a report on violence prevention in Hawai'i. The report is intended to draw attention to this problem and to set the context for future work in violence prevention.

To guide this process, we are utilizing a "typology of violence" featured in the first world wide report on violence prevention from the World Health Organization (WHO) entitled, "World Report on Violence and Health", W.H.O. Geneva 2002. We have adapted the WHO typology and framework for our use. Please see the attached excerpt, or view the entire report at:

http://www.who.int/violence_injury_prevention/violence/world_report/en/chap1.pdf

Attached is a brief survey on how well Hawai'i is doing with regard to violence prevention. You were selected to participate in this survey because of your knowledge and familiarity with violence-related issues in Hawai'i. We would appreciate it if you would take five minutes to complete the survey. Your responses will be used in the report card report and in future work in violence prevention. Your responses will be confidential, although your name as a participant in this survey may be made public upon request.

Thank you in advance for your contribution to this study. If you have questions or concerns, please do not hesitate to e-mail _____ at _____.

Please return the completed survey by _____ to _____.

Fax No: _____.

Sample Survey

Your name _____

Survey on Hawai'i's Violence Prevention Efforts

I. Does Hawai'i have a coordinated, statewide action plan on violence prevention?

_____ yes _____ no

Ia. If yes, has the plan been implemented? _____ yes _____ no

Ib. If yes, is the plan being monitored? _____ yes _____ no

Please respond to the following questions using this 5-point scale:

1 Extremely Poorly **2** Poorly **3** Neither Poorly Nor Well **4** Very Well **5** Extremely Well

To what extent

2. have data systems been created and maintained on the scope, causes, and consequences of violence?

1 2 3 4 5

3. have research needs relating to local causes, consequences, and costs of violence been prioritized?

1 2 3 4 5

4. does Hawai'i promote primary prevention of violence (e.g., parent education)?

1 2 3 4 5

5. has Hawai'i strengthened responses for victims of violence through the use of services that integrate health, social, and legal supports?

1 2 3 4 5

6. has Hawai'i integrated violence prevention into social and educational policies?

1 2 3 4 5

7. has there been an increase in collaboration and exchange of information on violence prevention?

1 2 3 4 5

8. Do you have any comments regarding these issues?

Appendix K

Sample Criteria For Grading Of Violence Prevention Initiative In Hawai'i

- **EXCELLENT**- Scores 8 or more affirmative answers
 - **ACCEPTABLE**- Scores 6 to 7 affirmative answers
 - **POOR**-Scores fewer than 6 affirmative answers
-
1. Does this program or concept encourage the full integration of violence prevention strategies into multiple levels including rules, policies, regulations and contracts?
 2. Is this work similar in nature or concept to work validated elsewhere?
 3. Is the target population of the initiative a high-risk group?
 4. Are target group identification methods cost effective?
 5. Are the goals and methods adjusted at least bi-annually based on meaningful, definable objectives?
 6. Does this core initiative effectively encourage or facilitate referrals to professional and non-professional services, resources or information for and among staff across disciplines?
 7. Does this initiative direct the targeted individuals to available, obtainable resources?
 8. Does this initiative support or utilize cross-disciplinary training?
 9. Does this effort integrate incentives for cross-disciplinary work and/or communications into multiple levels?
 10. Is the program independently evaluated on an annual or bi-annual basis for outcomes effectiveness?
 11. Is this work free from an over-dependence on a dynamic leader or founder?
 12. Is there funding to sustain this campaign or program as a professional effort for a period of time commensurate with the need?
 13. Is the initiative supported by an effective institution, policy, law, and or private sector initiative within the state?

Source: Georgia McCauley, Research Analyst, Social Science Research Institute

Appendix L

Organizational Contact Information

For more information or to get involved in violence prevention, contact one of these organizations:

Prevent Violence Hawaii

P.O. Box 61177
Honolulu, HI 96839
(808) 295-1163 (Coordinator)
<http://www.preventviolencehawaii.org>

Maternal and Child Health Branch

Department of Health
741-A Sunset Ave.
Honolulu, HI 96816
(808) 733-9044 (phone)
(808) 733-4055 (fax)

Asian/Pacific Islander Youth Violence Prevention Center

Ala Moana Building
1441 Kapiolani Blvd. Suite 1802
Honolulu, HI 96814
(808) 945-1517 (phone)
(808) 945-1522 (fax)
<http://www.api-center.org>

For additional copies of this report, contact:

Injury Prevention and Control Program

Department of Health
1250 Punchbowl St. Room 214
Honolulu, HI 96813
(808) 586-5940 (phone)
(808) 586-5945 (fax)
<http://www.hawaii.gov/health/healthy-lifestyles/injury-prevention>

